

**Wisconsin
Nursing Homes
and
Facilities for the Developmentally Disabled**

1999

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November 2000

**Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services**

Introduction

This report presents key information about Wisconsin nursing homes and their residents. All of the information about facilities and most of the information about residents in the report is derived from the 1999 Annual Survey of Nursing Homes, which was conducted by the Wisconsin Division of Health Care Financing, Bureau of Health Information, in cooperation with the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing; the Division of Supportive Living, Bureau of Quality Assurance; and the state's nursing home industry. Where appropriate, data from previous surveys are also provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility residents and the number of staffed beds as of December 31, 1999. Other data items, such as the number of inpatient days, were reported for all of calendar year 1999.

Beginning with the 1999 survey, the report is divided into two sections. Section I presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs). Section II presents data from facilities for the developmentally disabled (FDDs) (see HFS 134).

In 1999, there were 424 nursing homes and 37 FDDs licensed to provide services in Wisconsin under state administrative codes HFS 132 and HFS 134. As in previous years, this report excludes information from the three State Centers for the Developmentally Disabled, because these facilities serve severely developmentally disabled persons and their staffing requirements are higher than other facilities for the developmentally disabled. Also excluded are data reported by Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on the excluded facilities can be found in the *Wisconsin Nursing Home Directory and Fact Book, 1999*.

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 420 Medicare- and/or Medicaid-certified skilled nursing facilities, intermediate care facilities, and institutions for mental diseases. These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and functional status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 28, 29, and 30 in this report are based on the MDS resident-based data collected from the 420 Medicare- and/or Medicaid-certified nursing homes. The count of nursing home residents at the end of 1999 based on MDS data differed somewhat from the aggregate count of residents taken on December 31. See the Technical Notes (page 69) for a description of how this discrepancy was handled in preparing the data.

Nursing homes and FDDs in Wisconsin are licensed to accept patients with specific categories of health care needs. Skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Institutions for mental diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness. Facilities for the developmentally disabled (FDDs) treat residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy.

For reimbursement purposes, residents of nursing homes and facilities for the developmentally disabled are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. Intense skilled and skilled nursing care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Residents of facilities for the developmentally disabled (FDDs) are assigned one of four levels of care, based on their severity of mental retardation, health needs and extent of maladaptive behavior. Residents with fragile health are assigned DD care level 1A, those with behavioral problems are assigned DD care level 1B, persons with moderate mental retardation are assigned DD care level 2, and those with mild mental retardation are assigned DD care level 3.

The Bureau of Health Information would like to acknowledge and thank the personnel of all Wisconsin nursing homes and facilities for the developmentally disabled who provided information about their facilities and residents.

Yiwu Zhang prepared this report. Kitty Klement, Jane Conner, Lu Ann Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Review and comment were provided by David Lund in the Bureau of Fee-for-Service Health Care Benefits, and Carey Fleischmann and Billie March in the Bureau of Quality Assurance. Barbara Rudolph, Director, and Sandra Breitborde, Deputy Director, Bureau of Health Information, provided overall direction.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://www.dhfs.state.wi.us/provider/index.htm>. Suggestions, comments and requests for additional nursing home data may be addressed to:

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Key Findings

Nursing Homes

- Wisconsin had 424 nursing homes in 1999, including 416 skilled nursing facilities (SNFs), 4 intermediate care facilities (ICFs), and 4 institutions for mental diseases (IMDs).
- From 1994 to 1999, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ Staffed beds declined from 48,200 to 44,900, a decrease of 7 percent.
 - ⇒ The percent of vacant nursing home beds reached 5 percent in 1999, compared to an all-time low of 1.5 percent in 1995.
 - ⇒ Inpatient days decreased from 16.2 million to 14.6 million, a reduction of 10 percent.
 - ⇒ The nursing home utilization rate decreased from 61 to 53 per 1,000 for persons age 65 and older (13 percent), and from 264 to 207 per 1,000 population for persons age 85 and older (22 percent).
 - ⇒ Average daily census declined from 44,500 to 40,000, or 10 percent.
- From 1998 to 1999, percent occupancy in governmental homes declined 4 percentage points (from 91 percent to 87 percent). Percent occupancy decreased 1 percentage point in nonprofit homes (to 89 percent), and 2 percentage points in proprietary homes (to 80 percent).
- The statewide number of staffed beds declined 3 percent from 1998 to 1999, while staffed beds in Milwaukee nursing homes decreased 6 percent.
- Thirty percent of skilled nursing facilities had self-designated special units for residents with Alzheimer's disease in 1999, an increase of 2 percentage points from 1998.
- Compared to 1998, Wisconsin had 5 more Medicare-certified SNFs, 2,658 more Medicare-certified beds, 6 more special Alzheimer's units, and 93 more Alzheimer's beds in 1999.
- The average per diem rate in 1999 for care received by nursing home residents was \$119. This rate represented a 2.5 percent increase from the 1998 average per diem rate of \$116, a little higher than the overall rate of inflation (as measured by the Consumer's Price Index) in 1999 (2.2 percent).
- In 1999, managed care plans paid the highest average per diem rate for skilled nursing care (\$264), representing a 21 percent increase over their 1998 rate. The average per diem rate for skilled nursing care also increased for Medicaid (3 percent), private pay (4 percent), and "other" sources of payment (5 percent). The average per diem rate for skilled nursing care declined 11 percent for Medicare.
- In 1999, the statewide turnover rate increased 3 percentage points for full-time licensed practical nurses (from 29 percent to 32 percent), and 2 percentage points for part-time LPNs (from 38 percent to 40 percent).

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- Medicare was the primary pay source at admission for 66 percent of nursing home residents admitted in 1999, down from 68 percent in 1997. As primary sources of payment at admission, private pay and Medicaid have remained stable at about 14 to 15 percent each year since 1997.
 - Seventy-nine percent of residents admitted to skilled nursing and intermediate care facilities in 1999 were admitted directly from acute care hospitals, about the same percentage as in 1998 (78 percent).
 - Among residents discharged from skilled nursing or intermediate care facilities (SNFs/ICFs) in 1999, 23 percent were discharged to private residences without home health services. An additional 17 percent were discharged to private residences with home health services.
 - On December 31, 1999, 67 percent of Wisconsin nursing home residents had Medicaid as their primary pay source (1 percentage point lower than in 1998). Medicare was the primary pay source for 8 percent (1 percentage point higher than in 1998).
 - As of December 31, 1999, 35 percent of SNF and ICF residents had been in the nursing home less than one year (compared with 33 percent in 1998).
 - Between 1998 and 1999, the percent of SNF/IMD residents on December 31 who had been eligible for Medicaid at time of admission increased from 45 percent to 48 percent.
 - Twelve percent of nursing home residents were totally dependent in “bed mobility,” 20 percent were totally dependent in “transfer,” 26 percent were totally dependent in “toilet use,” and 11 percent were totally dependent in “eating.”

Facilities for the Developmentally Disabled

- From 1994 to 1999, the following measures of utilization of Wisconsin facilities for the developmentally disabled (FDDs) declined.
 - ⇒ The number of FDDs declined from 43 to 37 (14 percent).
 - ⇒ Staffed beds decreased from nearly 2,500 to just over 2,000, a decline of 17 percent.
 - ⇒ The percent of vacant FDD beds increased from 1 percent to 3 percent.
 - ⇒ Total FDD residents declined 16 percent (from 2,325 to 1,951), while the FDD utilization rate decreased from 0.46 to 0.37 per 1,000 total population.
 - ⇒ Inpatient days decreased from 0.85 million to 0.71 million, a reduction of 16 percent.
- Compared to nursing homes, FDDs had a higher average percent occupancy (92 percent vs. 85 percent).
- Four counties had more than 100 licensed FDD beds in 1999: Brown, Jefferson, Milwaukee, and Oneida.

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- The average per diem rate in 1999 for care received by FDD residents was \$138. This represented an increase over the 1998 average per diem (\$135) of 2.5 percent, a little higher than the overall rate of inflation in 1999 (2.2 percent).
 - Medicaid was the primary pay source at admission for 87 percent of FDD admissions in 1999. This proportion has remained stable for the past decade.
 - In 1999, 77 percent (204) of persons admitted to FDDs were under age 55, compared to 85 percent (225) in 1998.
 - On December 31, 1999, Medicaid was the primary pay source for 99 percent of all FDD residents. This percentage has remained about the same since at least 1990.
 - Over three-quarters (77 percent) of FDD residents on December 31 had been in the facility five years or longer.
 - Most FDD residents (61 percent) were under age 55.
 - Nearly three-quarters of FDD residents on December 31 had been eligible for Medicaid at time of admission.

Table of Contents

Introduction	1
---------------------------	----------

Key Findings	3
---------------------------	----------

Section I. Nursing Homes and Residents

Nursing Home Characteristics

Table 1. Selected Measures of Nursing Home Utilization, 1992-1999	13
Table 2. Nursing Home Capacity by Licensure Category, Ownership, and Bed Size	14
Table 3. Nursing Home Capacity by County.....	15
Table 4. Number of Medicaid and Medicare-Certified Nursing Homes and Beds, 1975-1999.....	17
Table 5. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, 1988-1999.....	18
Table 6. Specialized Capacity of Skilled Nursing Facilities by County	19
Table 7. Average Per Diem Rates by Care Level and Pay Source	21
Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, Selected Years	22
Table 9. Frequency of Family Council Meetings by Nursing Home Ownership Category.....	23

Nursing Home Employees

Table 10. Nursing Home Employees.....	24
Table 11. Nursing Staff Hours per 100 Residents, SNFs only	25
Figure 1. Nursing Staff Turnover Rate by Facility Ownership	26
Figure 2. Nursing Staff Retention Rate by Facility Ownership	27

Nursing Home Admissions and Discharges

Table 12. Level of Care for Nursing Home Residents at Time of Admission, 1990-1999	28
Figure 3. Level of Care at Admission, 1990-1999.....	28
Table 13. Primary Pay Source at Admission for Nursing Home Residents, 1990-1999	29
Figure 4. Primary Pay Source at Admission, 1990-1999	29
Table 14. Primary Pay Source at Admission by Level of Care	30
Table 15. Nursing Home Resident Age and Level of Care at Admission.....	31
Table 16. Care Location of Nursing Home Residents Prior to Admission	32
Table 17. Discharge Status or Care Destinations of Nursing Home Residents Discharged	33

Nursing Home Residents

Table 18. Nursing Home Utilization Rates, 1985-1999.....	34
Table 19. Level of Care for Nursing Home Residents on December 31, 1990-1999	35

Figure 5.	Level of Care on December 31, 1990-1999	35
Table 20.	Primary Pay Source by Level of Care	36
Table 21.	Percent of Nursing Home Residents by Age Group by Primary Disabling Diagnosis	37
Table 22.	Length of Stay of Nursing Home Residents by Licensure Category.....	38
Table 23.	Age of Nursing Home Residents by Licensure Category.....	39
Table 24.	Selected Court-Ordered Conditions of Nursing Home Residents.....	40
Table 25.	Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date by Licensure Category.....	41
Table 26.	Number of Residents Who Ever Received Pre-admission Screening and Resident Review (PASRR) by Licensure Category.....	42
Table 27.	Immunization Status of Nursing Home Residents, 1997-1999.....	43
Table 28.	Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age Groups.....	44
Table 29.	Selected Characteristics of Nursing Home Residents by Age Groups.....	45
Table 30.	Height and Weight of Nursing Home Residents by Sex and Age Groups.....	46

Section II. Facilities for the Developmentally Disabled (FDDs) and Residents

FDD Characteristics

Table 31.	Selected Measures of FDD Utilization, 1992-1999	49
Table 32.	FDD Capacity by Ownership, and Bed Size	50
Table 33.	FDD Capacity by County.....	51
Table 34.	Average Per Diem Rates in FDDs by Care Level and Pay Source.....	52
Table 35.	Number of FDDs Providing Services to People Not Residing in the Facility, Selected Years	53
Table 36.	Frequency of Family Council Meetings by FDD Ownership Category.....	54

FDD Employees

Table 37.	FDD Employees.....	55
Figure 6.	Nursing Staff Turnover Rate by Facility Ownership	56
Figure 7.	Nursing Staff Retention Rate by Facility Ownership	57

FDD Admissions and Discharges

Table 38.	Level of Care for FDD Residents at Time of Admission, 1990-1999	58
Table 39.	Primary Pay Source at Admission for FDD Residents, 1990-1999	59
Table 40.	Primary Pay Source at Admission by Level of Care (FDDs).....	60
Table 41.	FDD Resident Age and Level of Care at Admission.....	61
Table 42.	Care Location of FDD Residents Prior to Admission	62
Table 43.	Discharge Status or Care Destination of FDD Residents Discharged.....	63

FDD Residents

Table 44.	FDD Utilization Rates, 1985-1999.....	64
Table 45.	Level of Care for FDD Residents on December 31, 1990-1999	65
Table 46.	Primary Pay Source by Level of Care	66
Table 47.	Percent of FDD Residents by Age Group by Primary Disabling Diagnosis	67

Table 48. Length of Stay of FDD Residents.....	68
Table 49. Age of FDD Residents	69
Table 50. Selected Court-Ordered Conditions of FDD Residents.....	70
Table 51. FDD Residents With Medicaid as Primary Pay Source, by Eligibility Date	71
Table 52. Number of FDD Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR).....	72
Technical Notes	73
Appendix (Survey Form)	77

Section I

Nursing Homes and Residents

Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1994-1999

Utilization Measure	1994	1995	1996	1997	1998	1999
As of December 31:						
Number of Nursing Homes	416	420	421	428	425	424
Licensed Beds	49,116	48,319	48,112	48,016	47,780	47,296
Beds Set Up and Staffed	48,157	47,596	47,195	46,835	46,239	44,920
Percent Beds Vacant	2.0	1.5	1.9	2.5	3.2	5.0
Total Residents	44,613	43,767	43,079	42,042	40,625	39,719
Residents Age 65 & Over						
Number	41,691	40,850	40,159	39,132	37,764	36,864
Percent	93.5	93.3	93.2	93.1	93.0	92.8
Rate*	61.0	59.9	58.6	56.8	54.3	52.9
Residents Age 85 & Over						
Number	22,047	20,615	21,450	20,856	20,281	19,725
Percent	49.4	47.1	49.8	49.6	49.9	49.7
Rate*	263.7	246.6	247.3	234.5	216.4	206.6
Medicaid Residents (Percent)	65.2	64.0	66.7	67.2	67.7	66.8
Calendar Year:						
Inpatient Days	16,203,467	16,136,665	15,902,665	15,485,202	15,016,447	14,596,115
Percent Change	2.3	-0.4	-1.4	-2.6	-3.0	-2.8
Average Daily Census	44,485	44,243	43,495	42,530	41,257	40,004
Percent Occupancy**	90.6	91.6	90.4	88.6	86.3	84.6
Total Admissions	36,237	39,207	43,564	49,143	51,277	51,186
Total Discharges and Deaths	35,895	39,757	44,143	50,067	52,462	51,984

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

* Nursing home residents per 1,000 population in this age group.

** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: Throughout this report, **nursing homes** are defined to include skilled nursing facilities, intermediate care facilities, and institutions for mental diseases (see HFS 132.14(1)). Facilities for the developmentally disabled (FDDs) have been analyzed separately (see Section II). The “nursing home” findings for previous years in this report differ slightly from those published in earlier reports, because the data for those years were recalculated to exclude FDDs.

The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Nursing home admissions and discharges reported since 1996 are not comparable with those reported in previous years due to changes in the federally mandated Minimum Data Set (MDS), Version 2.0. Temporary discharges and re-admissions (previously unrecorded) are now included in the total figures.

- From 1994 to 1999, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ Staffed beds declined from 48,200 to 44,900, a decrease of 7 percent.
 - ⇒ The percent of vacant nursing home beds reached 5 percent in 1999, compared to an all-time low of 1.5 percent in 1995.
 - ⇒ Inpatient days decreased from 16.2 million to 14.6 million, a reduction of 10 percent.
 - ⇒ The nursing home utilization rate decreased from 61 to 53 per 1,000 for persons age 65 and older (13 percent), and from 264 to 207 per 1,000 population for persons age 85 and older (22 percent).
 - ⇒ Average daily census declined from 44,500 to 40,000, or 10 percent.

Table 2. Nursing Home Capacity by Licensure Category, Ownership and Bed Size, Wisconsin 1999

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of	Percent Occupancy
	Number	Percent	Number	Percent	Beds Not Staffed	
State Total	424	100%	47,296	100%	5%	84.6%
Licensure Category						
Skilled Nursing Facilities	416	98	46,825	99	5	84.6
Intermediate Care Facilities	4	1	134	<1	6	79.1
Institutions for Mental Diseases	4	1	337	1	9	82.8
Facility Ownership						
Governmental	60	14	8,884	19	4	86.8
Nonprofit	160	38	16,824	36	3	89.4
Proprietary	204	48	21,588	46	7	79.9
Bed Size						
Less than 50 beds	43	10	1,348	3	2	84.6
50-99 beds	183	43	13,499	29	3	87.0
100-199 beds	151	36	19,697	42	6	84.1
200 beds and over	47	11	12,752	27	6	82.7

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Nursing home beds not set up and staffed are licensed, but not available for occupancy. The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).

- Ninety-eight percent of Wisconsin's nursing homes were licensed as skilled nursing facilities (SNFs) in 1999, and SNF beds accounted for 99 percent of all nursing home beds.
- Wisconsin nursing homes had a statewide percent occupancy (average percent of beds occupied) of 85 percent in 1999, compared to 86 percent in 1998.
- Proprietary nursing homes had the highest proportion of beds not set up and staffed (7 percent) and the lowest percent occupancy (80 percent) in 1999.
- From 1998 to 1999, percent occupancy in governmental homes declined 4 percentage points (from 91 percent to 87 percent). Percent occupancy decreased 1 percentage point in nonprofit homes (to 89 percent), and 2 percentage points in proprietary homes (to 80 percent).
- Seventy-nine percent of Wisconsin nursing homes had between 50 and 199 beds.

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 1999

County of Location	Facilities on 12/31/99	Licensed Beds on 12/31/99	Staffed Beds on 12/31/99	Total Inpatient Days	Residents on 12/31/99	Average Daily Census	Percent Occupancy
State Total	424	47,296	44,920	14,596,115	39,719	40,004	84.6
Adams	2	124	120	39,686	105	108	87.1
Ashland	3	311	281	87,786	224	241	77.5
Barron	8	539	506	167,805	470	460	85.3
Bayfield	1	78	75	25,912	74	71	91.0
Brown	14	1,437	1,369	449,003	1,222	1,231	85.7
Buffalo	2	169	154	51,489	138	141	83.4
Burnett	2	147	147	50,673	141	139	94.6
Calumet	3	255	236	79,727	227	218	85.5
Chippewa	7	759	698	249,726	677	683	90.0
Clark	4	482	467	155,202	426	426	88.4
Columbia	5	545	544	174,619	482	479	87.9
Crawford	2	166	157	52,571	138	144	86.8
Dane	22	2,219	2,102	682,161	1,817	1,869	84.2
Dodge	10	1,152	1,116	370,833	1,015	1,016	88.2
Door	3	239	227	72,321	202	198	82.9
Douglas	5	551	545	172,846	462	472	85.7
Dunn	3	304	297	91,496	242	251	82.6
Eau Claire	7	764	705	222,673	615	611	80.0
Florence	1	74	74	25,672	71	70	94.6
Fond du Lac	10	1,016	966	301,873	826	827	81.4
Forest	2	143	143	48,903	138	134	93.7
Grant	8	599	588	195,948	557	536	89.5
Green	3	332	305	101,626	264	279	84.0
Green Lake	3	240	224	74,323	199	203	84.6
Iowa	3	197	197	62,326	164	171	86.8
Iron	2	106	106	38,087	105	104	98.1
Jackson	2	287	195	67,528	185	185	64.5
Jefferson	4	432	401	117,609	323	323	74.8
Juneau	3	200	200	69,199	190	190	95.0
Kenosha	8	1,037	1,006	319,974	885	877	84.6
Kewaunee	2	154	147	45,555	120	125	81.2
La Crosse	8	1,160	1,096	345,837	953	948	81.7
Lafayette	1	102	97	31,187	82	85	83.3
Langlade	1	173	173	55,113	148	151	87.3
Lincoln	3	349	334	113,694	300	312	89.4
Manitowoc	7	952	921	317,473	852	871	91.5
Marathon	6	871	851	288,598	779	792	90.9
Marinette	6	641	640	216,665	561	593	92.5
Marquette	1	64	64	10,612	34	29	45.3
Milwaukee	59	8,768	8,185	2,574,391	6,876	7,053	80.4
Monroe	4	360	355	119,563	342	327	90.8

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 1999 (Continued)

County of Location	Facilities on 12/31/99	Licensed Beds on 12/31/99	Staffed Beds on 12/31/99	Total Inpatient Days	Residents on 12/31/99	Average Daily Census	Percent Occupancy
Oconto	4	322	320	100,441	272	275	85.4
Oneida	3	317	317	104,441	293	286	90.2
Outagamie	11	1,212	1,176	388,739	1,041	1,066	88.0
Ozaukee	4	531	513	173,638	473	476	89.6
Pepin	2	128	128	39,442	106	108	84.4
Pierce	5	341	309	100,250	280	276	80.9
Polk	6	483	453	155,004	424	426	88.2
Portage	2	312	309	101,336	267	278	89.1
Price	3	358	339	114,428	318	313	87.4
Racine	9	1,235	1,159	380,493	1,035	1,042	84.4
Richland	2	148	136	44,344	129	121	81.8
Rock	9	1,217	1,106	361,684	962	992	81.5
Rusk	2	161	161	52,372	143	143	88.8
St. Croix	9	702	656	209,077	566	573	81.6
Sauk	6	493	476	154,822	418	422	85.6
Sawyer	2	136	136	46,594	133	127	93.4
Shawano	5	511	489	149,670	392	410	80.2
Sheboygan	12	1,302	1,189	378,987	1,040	1,038	79.7
Taylor	3	252	235	70,556	207	193	76.6
Trempealeau	9	563	539	187,162	508	513	91.1
Vernon	4	365	352	116,686	326	320	87.7
Vilas	2	179	164	47,942	119	132	73.7
Walworth	8	730	722	238,770	649	654	89.6
Washburn	2	160	160	53,751	148	148	92.5
Washington	5	900	821	232,631	683	647	71.9
Waukesha	18	2,276	2,179	728,092	2,045	1,995	87.7
Waupaca	11	1,491	1,472	509,654	1,411	1,397	93.7
Waushara	2	162	157	47,530	126	130	80.3
Winnebago	8	1,090	1,049	354,559	986	972	89.2
Wood	6	721	684	214,735	588	588	81.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

- The total number of staffed beds in all Wisconsin nursing homes declined 3 percent from 1998 to 1999, while staffed beds in Milwaukee nursing homes decreased 6 percent.
- Percent occupancy varied from a low of 45 percent in Marquette County to a high of 98 percent in Iron County.

Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1990-1999

Year	Medicaid-Certified Facilities	Medicare-Certified Facilities	Medicare-Certified Beds
1990	402	199	10,896
1991	396	200	11,374
1992	393	223	12,710
1993	390	240	14,132
1994	402	279	17,236
1995	402	309	18,412
1996	403	333	19,761
1997	403	362	20,716
1998	403	363	24,677
1999	404	368	27,320

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Ninety-five percent of Wisconsin nursing homes (404 out of 424) were Medicaid-certified in 1999.
- The number of Medicare-certified homes has increased steadily since federal legislation enacted in 1987 expanded the availability of Medicare funding for nursing home care. By 1999, 88 percent of Wisconsin skilled nursing facilities (368 out of 416) and 58 percent of total licensed SNF beds (27,320 out of 46,825) were Medicare-certified. Medicare does not reimburse for care provided in ICFs or IMDs.

Table 5. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, Wisconsin 1990-1999

Year	Number of Facilities	Percent of Facilities	Number of Beds	Total Residents with Alzheimer's
1990	49	12	1,838	3,745
1991	66	17	2,305	3,394
1992	71	18	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454
1999	124	30	3,756	4,547

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Thirty percent (124 out of 416) of skilled nursing facilities had self-designated special units for residents with Alzheimer's disease in 1999, an increase of 2 percentage points from 1998.
- Forty-six percent (91 out of 197) of SNFs with a bedsize of 100 or more had these special units.
- Only 15 percent (33 out of 219) of SNFs with a bedsize of 99 or less had these special units.
- Facilities with a bedsize of 99 or less had 32 percent of total SNF residents with Alzheimer's disease, but only 17 percent of special unit Alzheimer's beds.

Nursing Home Characteristics

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 1999

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds
State Total	369	27,335	124	3,756
Adams	1	14	0	0
Ashland	2	48	1	9
Barron	3	189	2	3
Bayfield	1	78	0	0
Brown	13	649	4	108
Buffalo	2	154	1	0
Burnett	2	70	0	
Calumet	3	91	1	2
Chippewa	5	245	2	120
Clark	4	249	3	8
Columbia	5	311	3	0
Crawford	2	72	0	
Dane	20	1,425	6	147
Dodge	10	795	1	7
Door	3	114	1	5
Douglas	4	335	1	4
Dunn	2	125	1	7
Eau Claire	7	498	3	3
Florence	1	22	0	
Fond du Lac	8	396	5	125
Forest	2	107	2	9
Grant	8	401	3	7
Green	3	267	2	3
Green Lake	3	113	1	2
Iowa	3	197	1	6
Iron	1	34	0	0
Jackson	2	115	1	8
Jefferson	4	164	0	0
Juneau	3	200	1	2
Kenosha	8	784	1	4
Kewaunee	2	133	1	2
La Crosse	7	717	3	122
Lafayette	1	97	1	0
Langlade	1	173	0	0
Lincoln	3	219	0	0
Manitowoc	6	245	3	142
Marathon	6	674	1	0
Marinette	6	325	4	7
Marquette	1	64	0	0
Milwaukee	54	5,119	18	725
Monroe	3	173	0	34

(Continued)

Nursing Home Characteristics

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 1999

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds
Oconto	3	197	1	16
Oneida	2	81	2	56
Outagamie	10	1,052	4	129
Ozaukee	4	366	1	34
Pepin	2	74	0	0
Pierce	5	288	2	36
Polk	3	73	1	17
Portage	2	70	0	0
Price	3	205	1	30
Racine	8	1,048	2	133
Richland	1	25	1	11
Rock	9	523	3	96
Rusk	2	161	0	0
St. Croix	9	556	1	10
Sauk	4	354	1	16
Sawyer	2	56	0	0
Shawano	4	340	2	27
Sheboygan	8	350	2	57
Taylor	2	115	0	0
Trempealeau	4	276	1	24
Vernon	4	365	1	20
Vilas	1	82	1	24
Walworth	7	410	1	67
Washburn	1	70	0	0
Washington	5	823	2	107
Waukesha	16	1,668	6	247
Waupaca	9	462	3	98
Waushara	2	88	1	19
Winnebago	7	586	3	75
Wood	5	370	2	106

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care; and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units.

- Milwaukee County had 142 fewer Medicare-certified beds and 46 fewer beds in special Alzheimer's units in 1999 compared to 1998, at least partly because the number of Medicare-certified SNFs in the county declined from 55 to 54.
- Compared to 1998, Wisconsin had 5 more Medicare-certified facilities, 2,658 more Medicare-certified beds, 6 more special Alzheimer's units, and 93 more Alzheimer's beds in 1999.

Nursing Home Characteristics

Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 1999

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	\$231	\$118	\$151	\$283*	\$139*	\$145
Skilled Nursing	232	99	135	264	134	121
Intermediate	NA	84	124	137*	119*	94
Limited	NA	75	111	---	---	91
Personal	NA	68*	96*	---	---	93
Residential	NA	---	76*	---	---	76
Traumatic Brain Injury	---	479*	750*	---	---	660
Ventilator-Dependent	---	350*	425*	---	---	357
Developmental Disabilities (DD1A)	NA	146	105	---	---	145
Developmental Disabilities (DD1B)	NA	148*	---	---	---	148
Developmental Disabilities (DD2)	NA	128*	---	---	---	128
Developmental Disabilities (DD3)	NA	102*	---	---	---	102
All Levels	\$232	\$98	\$134	\$264	\$133	\$119

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A "*" indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates for those few residents may not be representative of typical rates).

A "---" indicates there were no residents in the category.

"Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories shown in this table.

- The average per diem rate in 1999 for care received by nursing home residents was \$119. This rate represented a 2.5 percent increase from the 1998 average per diem rate of \$116, a little higher than the overall rate of inflation (as measured by the Consumer's Price Index) in 1999 (2.2 percent).
- In 1999, managed care plans paid the highest average per diem rate for skilled nursing care (\$264), representing a 21 percent increase over their 1998 rate. The average per diem rate for skilled nursing care also increased for Medicaid (3 percent), private pay (4 percent), and "other" sources of payment (5 percent). The average per diem rate for skilled nursing care declined 11 percent for Medicare.

Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, Selected Years, Wisconsin

Type of Service	1990	1995	1996	1997	1998	1999
Home Health Care	8	9	11	15	10	9
Supportive Home Care	14	27	27	25	24	20
Personal care	7	14	15	12	13	12
Household services	7	13	12	13	11	8
Day Services	8	19	18	18	20	25
In community setting	0	3	4	4	4	3
In nursing home setting	8	17	14	14	17	22
Respite Care	63	115	130	133	137	163
In patient's home	6	6	3	3	4	2
In nursing home setting	58	111	129	133	135	163
Adult Day Care	77	85	75	77	85	82
In community setting	6	6	9	9	11	9
In nursing home setting	69	80	67	70	77	75
Adult Day Health Care	2	9	11	12	15	15
Congregate Meals	37	44	49	46	45	49
In community setting	28	31	35	35	32	32
In nursing home setting	14	17	16	13	14	18
Home-Delivered Meals	65	61	66	65	59	61
Other Meal Services	27	34	34	40	43	41
Referral Service	36	35	43	37	35	39
Transportation	23	27	26	29	29	31

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes.

Nursing homes may offer specific services in more than one setting.

- The number of nursing homes providing respite care increased 19 percent in 1999 (from 137 to 163). Due to increased reimbursement from Medicare, more nursing homes are providing this service.
- Statewide, 28 percent of nursing homes (120 out of 424) provided some sort of meal services to non-residents.

Table 9. Family Council Meetings by Nursing Home Ownership Category, Wisconsin 1999

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	37	62%	103	64%	98	48%	238	56%
Inactive Family Council	0	0	4	3	8	4	12	3
Active Family Council, meets:	23		53		98		174	
As often as needed	2	3	3	2	6	3	11	3
Less than quarterly	1	2	2	1	5	3	8	2
Once in three months	5	8	23	14	49	24	77	18
Once a month	10	17	17	11	30	15	57	13
Once a week	0	0	0	0	0	0	0	0
Other	5	8	8	5	8	4	21	5
Total	60	100%	160	100%	204	100%	424	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Fourteen facilities did not respond to this question.
Federal Health Care Financing Administration (HCFA) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council."
Percentages may not add to 100 percent due to rounding.

- In 1999, 56 percent of all Wisconsin nursing homes did not have a Family Council, and 3 percent had a Family Council that was not active. More than 50 percent of proprietary facilities had Family Councils, while less than 40 percent of governmental and nonprofit homes had them in 1999.
- From 1998 to 1999, the number of nursing homes with Family Councils increased by 4 among governmental homes, but decreased by 10 among nonprofit homes and by 12 among proprietary homes.
- Most Family Councils met every three months, or once a month. None met as frequently as once a week.

Table 10. Nursing Home Employees, Wisconsin 1999

Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Residents
Nursing Services		
Registered Nurses	4,525.1	11.4
Licensed Practical Nurses	2,987.3	7.5
Nursing Assistants/Aides	15,382.3	38.7
Certified Medication Aides	197.3	0.5
Therapeutic Services		
Physicians and Psychiatrists	10.2	<0.1
Psychologists	7.0	<0.1
Dentists	1.0	<0.1
Activity Directors and Staff	1,296.5	3.3
Physical Therapists and Assistants	365.8	0.9
Occupational Therapists and Assistants	246.3	0.6
Recreational Therapists	96.1	0.2
Restorative Speech Therapists	39.0	0.1
AODA Counselors	5.7	<0.1
Qualified Mental Retardation Specialists	7.8	<0.1
Qualified Mental Health Professionals	4.1	<0.1
Other Services		
Dietitians and Food Workers	4,756.1	12.0
Social Workers	737.2	1.9
Medical Records Staff	501.5	1.3
Administrators	462.9	1.2
Pharmacists	53.4	0.1
Other Health Prof. and Technical Personnel	872.0	2.2
Other Non-Health-Prof. and Non-Technical Personnel	6,279.7	15.8
Statewide Total	38,836.8	97.8

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Between 1998 and 1999, the total number of full-time equivalent employees (FTEs) in Wisconsin nursing homes declined 2 percent (from 39,719 to 38,837).
- Because the number of residents also declined, the ratio of FTEs to residents remained the same (97.8 per 100).
- The three largest categories of nursing home employees were nursing assistants, dietitians and food workers, and registered nurses. These three groups accounted for 64 percent of all nursing home FTEs in 1999.

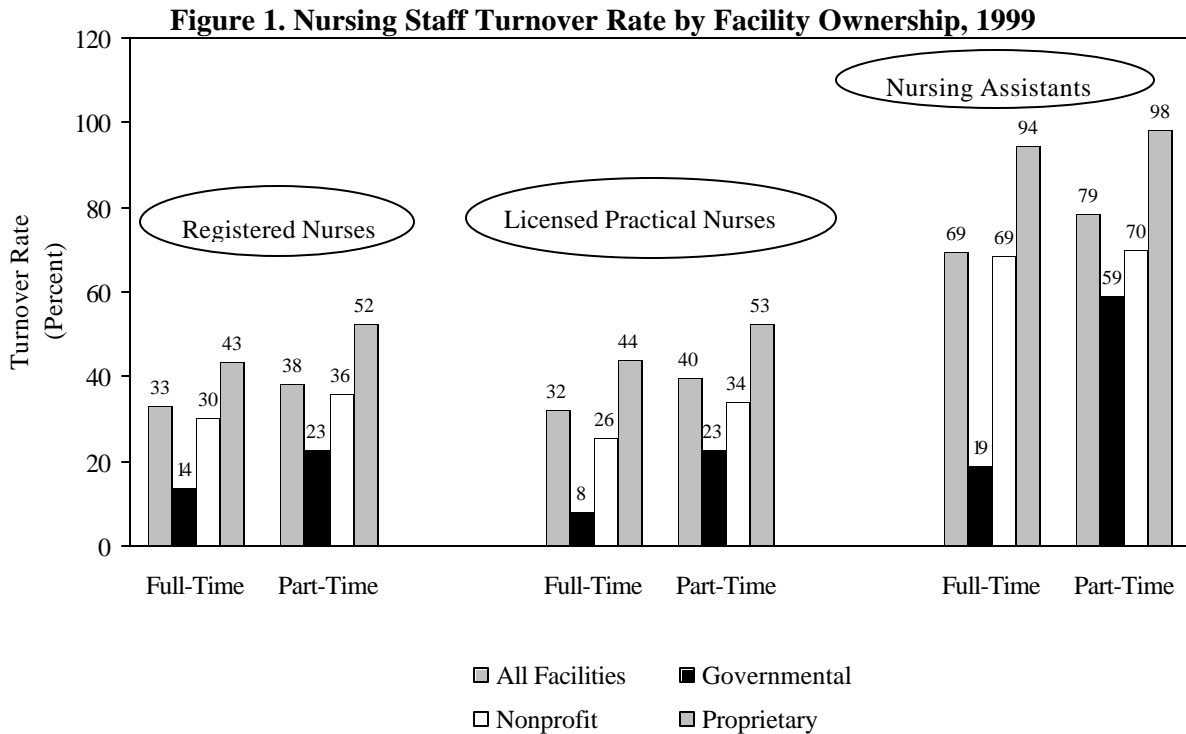
Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, December 5-18, 1999

		Direct Care Hours Worked per 100 Residents					
		Registered Nurses			Licensed Practical Nurses		
		Day	Evening	Night	Day	Evening	Night
Week 1	Sunday	21.6	17.6	10.5	17.8	15.1	7.9
	Monday	34.7	18.0	11.0	19.2	16.0	7.8
	Tuesday	34.9	18.0	10.9	19.6	16.7	7.9
	Wednesday	35.2	18.8	10.7	19.8	16.0	8.0
	Thursday	34.3	18.3	10.7	19.6	16.1	8.2
	Friday	31.3	18.1	10.1	19.2	15.5	8.3
	Saturday	21.3	16.8	9.9	18.0	16.5	8.0
Week 2	Sunday	21.4	16.9	10.1	17.4	15.9	8.0
	Monday	33.6	18.2	10.6	19.3	15.8	7.9
	Tuesday	34.0	18.2	10.4	19.6	16.1	8.0
	Wednesday	35.3	17.7	10.7	19.4	16.6	7.9
	Thursday	35.8	18.3	10.5	18.7	16.3	8.0
	Friday	31.6	17.9	10.1	19.1	16.1	8.3
	Saturday	21.3	17.4	10.0	17.7	15.1	8.1
Average		30.5	17.9	10.4	18.9	16.0	8.0
		Nursing Assistants/Aides					
		Day	Evening	Night			
Week 1	Sunday	92.0	76.4	40.2			
	Monday	100.3	77.3	39.5			
	Tuesday	102.0	78.8	40.5			
	Wednesday	103.9	79.6	40.5			
	Thursday	102.2	79.2	39.8			
	Friday	99.9	77.9	39.5			
	Saturday	92.8	76.9	38.7			
Week 2	Sunday	92.1	75.1	39.1			
	Monday	100.0	77.2	39.6			
	Tuesday	102.6	78.2	40.3			
	Wednesday	103.7	79.5	40.6			
	Thursday	102.0	79.1	40.2			
	Friday	100.3	77.4	39.2			
	Saturday	91.8	76.6	38.5			
Average		99.0	77.8	39.7			

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This table is based on the *total paid direct resident care hours* worked for each category of nursing staff. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care in skilled nursing facilities. The specific hours included in the day, evening, and night shifts may vary between facilities. The number of residents used in calculating these ratios (39,433) was the resident count in SNFs on December 31, 1999.

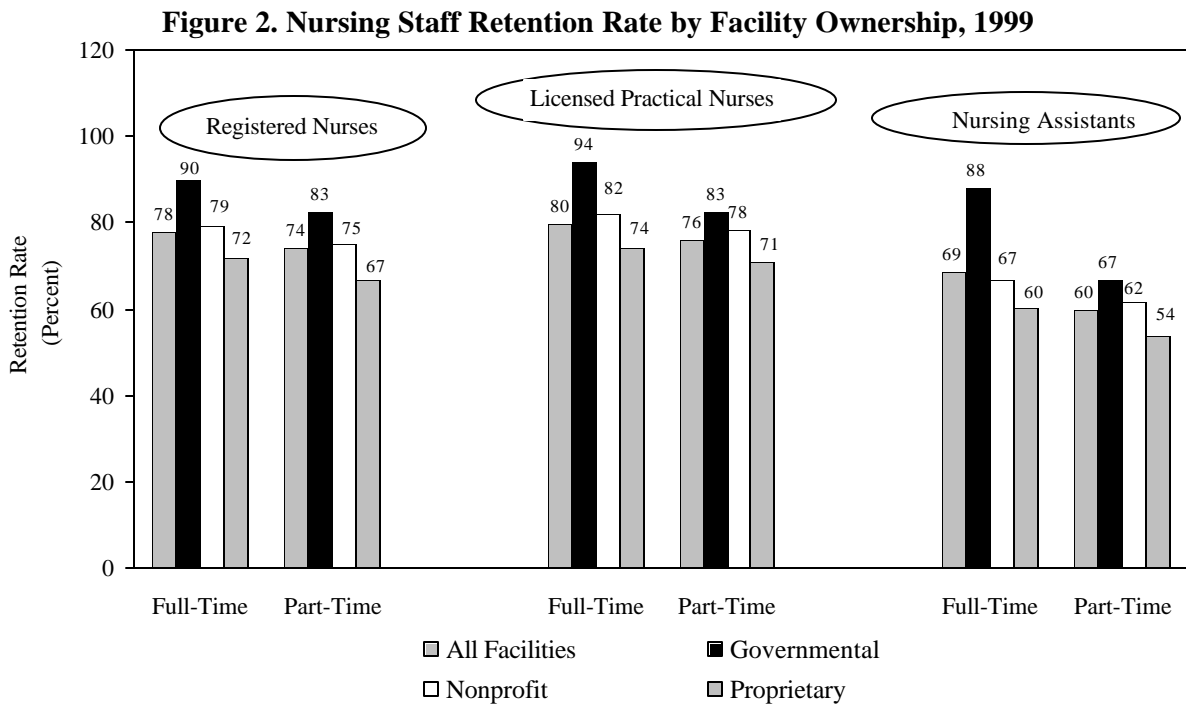
- During the day shift on weekdays, each resident received an average of about one hour of direct care from nursing assistants and one-third hour of direct care from a registered nurse.
- In general, fewer hours of direct nursing care were delivered on weekends than on weekdays.



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- In 1999, the statewide turnover rate increased 3 percentage points for full-time licensed practical nurses (from 29 percent to 32 percent), and 2 percentage points for part-time LPNs (from 38 percent to 40 percent).
- The turnover rate increased from 63 percent to 69 percent for full-time nursing assistants, and from 75 percent to 79 percent for part-time NAs.
- The turnover rate for full-time registered nurses decreased by one point (from 34 percent to 33 percent), reflecting a decrease in this rate in proprietary facilities (from 47 percent to 43 percent).
- The overall turnover rate for part-time RNs decreased by 2 percentage points. This was the result of turnover decreases in both governmental homes (from 29 percent to 23 percent) and proprietary homes (from 54 percent to 52 percent).
- Governmental homes had the lowest turnover rates for all categories of nursing staff, and proprietary homes had the highest. Turnover rates ranged from a low of 8 percent for full-time LPNs in governmental homes, to a high of 98 percent for part-time NAs in proprietary homes.



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

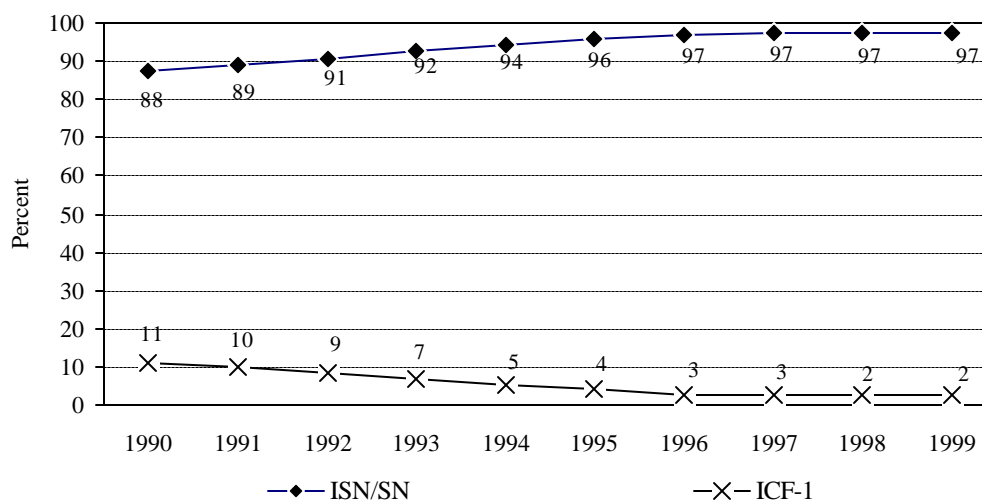
- Retention rates for full-time nursing assistants were much higher in governmental homes than in other facilities. The difference was not so great for part-time NAs.
- Statewide, at least 54 percent of all nursing staff had been working in the same facility for one year or longer.

Table 12. Level of Care at Admission for Nursing Home Residents, Wisconsin 1990-1999

Year	Level of Care at Admission								Total Admissions
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	TBI	Ventilator Dependent	
1990	404	23,108	2,909	313	58	21	---	---	26,813
1991	478	25,043	2,916	255	48	18	---	---	28,758
1992	505	26,828	2,563	186	35	11	---	---	30,128
1993	566	27,972	2,120	165	32	6	---	---	30,861
1994	590	33,391	1,982	154	26	6	---	---	36,149
1995	692	36,771	1,565	79	14	5	20	1	39,147
1996	3,801	38,359	1,252	85	12	3	24	12	43,548
1997	4,790	42,966	1,248	57	17	0	30	26	49,134
1998	3,771	46,096	1,244	82	16	5	37	13	51,264
1999	2,999	46,795	1,219	79	21	9	34	14	51,170

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995. Totals for each year include residents whose primary level of care at admission was not reported. See Technical Notes for definitions of all level of care categories shown in this table.

Figure 3. Level of Care at Admission, Wisconsin 1990-1999


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- From 1990 to 1999, the percent of residents who required intense skilled nursing or skilled nursing care at time of admission increased from 88 percent to 97 percent. Residents who required intermediate care declined from 11 percent to 2 percent.

Table 13. Primary Pay Source at Admission for Nursing Home Residents, Wisconsin 1990-1999

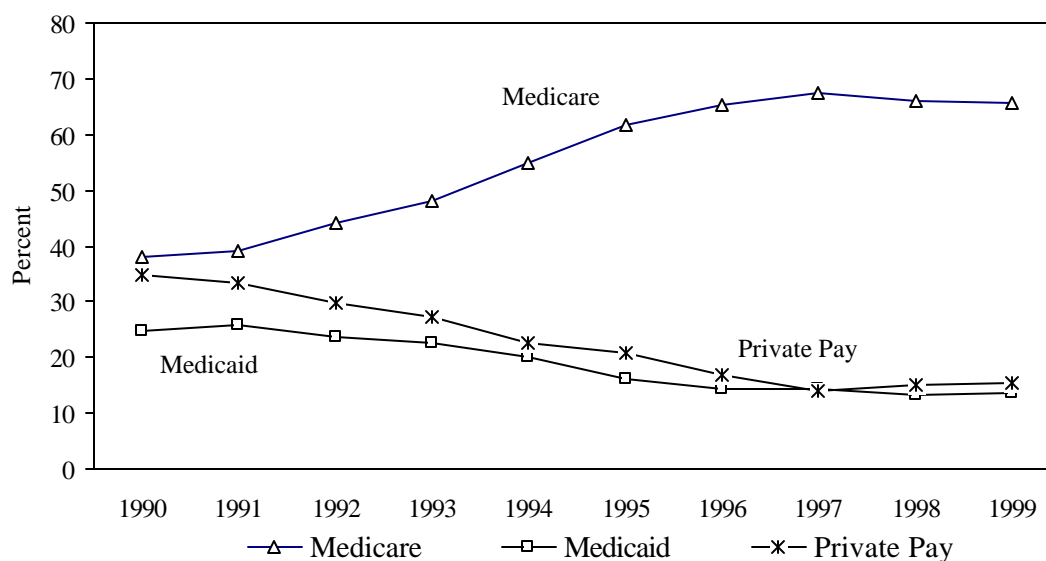
Year	Primary Pay Source at Admission					Total Admissions
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
1990	10,271	6,727	9,382	---	635	27,015
1991	11,258	7,454	9,604	---	473	28,789
1992	13,329	7,111	8,961	---	778	30,179
1993	14,846	6,973	8,473	---	679	30,971
1994	19,863	7,287	8,231	---	840	36,221
1995	24,250	6,326	8,148	---	479	39,203
1996	28,326	6,296	7,392	725	744	43,483
1997	33,115	6,988	6,892	1,164	891	49,050
1998	34,214	6,880	7,750	1,811	540	51,195
1999	33,601	7,030	7,808	2,223	524	51,186

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Totals include residents whose primary pay source at admission was not reported.

Figure 4. Primary Pay Source at Admission, Wisconsin 1990-1999


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Medicare was the primary pay source at admission for 66 percent of nursing home residents admitted in 1999, down from 68 percent in 1997. As primary sources of payment at admission, private pay and Medicaid have remained stable at about 14 to 15 percent each year since 1997.

Table 14. Primary Pay Source at Admission by Level of Care, Wisconsin 1999

Level of Care At Admission	Pay Source at Admission					Total Admissions
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	2,213	272	184	318	12	2,999
Skilled Nursing	31,378	6,135	6,905	1,896	481	46,795
Intermediate	NA	553	629	6	31	1,219
Limited	NA	23	56	0	0	79
Personal	NA	NA	21	0	0	21
Residential	NA	NA	9	0	0	9
Traumatic Brain Injury	0	30	4	0	0	34
Ventilator-Dependent	10	1	0	3	0	14
Developmental Disabilities (DD1A)	NA	11	0	0	0	11
Developmental Disabilities (DD1B)	NA	2	0	0	0	2
Developmental Disabilities (DD2)	NA	3	0	0	0	3
Developmental Disabilities (DD3)	NA	0	0	0	0	0
Total	33,601	7,030	7,808	2,223	524	51,186
Percent of Admissions	66	14	15	4	1	100

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories shown in this table.

- Ninety-one percent of persons admitted to nursing homes in 1999 were at the skilled nursing level of care, up 1.5 percentage points from 1998.
- Among residents who received intense skilled nursing or skilled nursing at admission, Medicare was the primary pay source for 67 percent, Medicaid for 13 percent, and private pay for 14 percent.
- Four percent of persons admitted in 1999 had a managed care plan as the primary source of payment, the same percentage as in 1998.

Table 15. Nursing Home Resident Age and Level of Care at Admission, Wisconsin 1999

Level of Care At Admission	Age at Admission							Total Admissions
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing	7	196	198	436	876	626	66	2,405
Skilled Nursing	16	1,609	2,199	7,564	18,562	14,908	1,858	46,716
Intermediate	0	64	60	161	417	439	78	1,219
Limited	0	2	5	9	35	28	0	79
Personal	0	1	0	0	16	4	0	21
Residential	0	0	0	0	6	2	1	9
Traumatic Brain Injury	7	26	1	0	0	0	0	34
Ventilator-Dependent	0	3	1	3	5	2	0	14
Developmental Disabilities (DD1A)	0	6	1	2	2	0	0	11
Developmental Disabilities (DD1B)	0	1	1	0	0	0	0	2
Developmental Disabilities (DD2)	0	0	0	3	0	0	0	3
Developmental Disabilities (DD3)	0	0	0	0	0	0	0	0
Total, All Levels	30	1,908	2,466	8,178	19,919	16,009	2,003	51,186
Percent of Admissions	<1	4	5	16	39	31	4	100

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Total includes 673 residents for whom level of care and/or age was not reported.

Percents may not add to 100 due to rounding.

See Technical Notes for definitions of all level of care categories shown in this table.

- Three-quarters (74 percent) of people admitted to Wisconsin nursing homes in 1999 were 75 years of age or older; this was 2 percentage points higher than in 1998. Thirty-nine percent were aged 75-84, and 36 percent were aged 85 and older.
- Nine percent of those admitted were under 65 years of age, about the same proportion as in 1998.

Table 16. Care Location of Nursing Home Residents Prior to Admission, Wisconsin 1999

Care Location	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total Admissions	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	4,227	8%	4	3%	4,231	8%
Private home/apt. with home health services	1,436	3	1	1	1,437	3
Board and care/ assisted living/ group home	1,516	3	3	2	1,519	3
Nursing home	2,454	5	5	4	2,459	5
Acute care hospital	40,147	79	44	35	40,191	79
Psychiatric hospital, MR/DD Facility	390	1	67	53	457	1
Rehabilitation hospital	397	1	0	0	397	1
Other	428	1	2	2	430	1
Total	51,060	100%	126	100%	51,186	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Seventy-nine percent of residents admitted to skilled nursing and intermediate care facilities in 1999 were admitted directly from acute care hospitals, about the same percentage as in 1998 (78 percent). Eight percent were admitted from private residences and were not receiving home health agency services prior to admission.
- Three percent were admitted from board and care, assisted living, or group homes, compared to 2 percent in 1998.

Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 1999

Discharge Status/ Care Destination	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	11,688	23%	14	11%	11,702	23%
Private home/apt. with home health services	8,806	17	6	5	8,812	17
Board and care/ assisted living/ group home	3,232	6	43	35	3,275	6
Nursing home	2,849	5	9	7	2,858	5
Acute care hospital	8,417	16	9	7	8,426	16
Psychiatric hospital, MR/DD facility	286	1	19	16	305	1
Rehabilitation hospital	221	0	0	0	221	0
Other	350	1	6	5	356	1
Deceased	16,013	31	16	13	16,029	31
Total	51,862	100%	122	100%	51,984	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Among residents discharged from skilled nursing or intermediate care facilities (SNFs/ICFs) in 1999, 23 percent were discharged to private residences without home health services. An additional 17 percent were discharged to private residences with home health services.
- One in six residents discharged from SNFs/ICFs in 1999 went to acute care hospitals.

Table 18. Nursing Home Utilization Rates, Wisconsin 1987-1999

Year	Age-Specific Rates per 1,000 Population						65+	85+
	55-64	65-74	75-84	85-94	95+			
1987	6.1	17.6	75.8	240.2	528.6		65.3	262.6
1988	5.1	16.2	69.6	250.7	577.5		62.9	276.7
1989	4.3	15.7	69.2	251.0	590.3		62.8	277.9
1990	4.2	15.2	68.4	252.7	584.5		62.9	280.0
1991	4.0	14.3	64.6	244.9	484.0		60.5	268.0
1992	3.7	13.4	61.9	242.9	481.2		59.6	266.2
1993	3.7	13.3	60.0	235.2	535.7		58.9	261.1
1994	3.6	14.2	61.4	237.4	556.3		61.0	263.7
1995	3.7	14.5	63.5	226.5	469.8		59.9	246.6
1996	3.6	13.2	58.6	222.0	540.6		58.6	247.3
1997	3.5	12.8	56.6	210.4	503.4		56.8	234.5
1998	3.4	12.2	53.5	193.9	468.3		54.3	216.4
1999	3.4	12.0	51.7	184.9	449.8		52.9	206.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.
The rates per 1,000 population for those who age 65 and over and 85 and over are used as general indicators of nursing home usage.

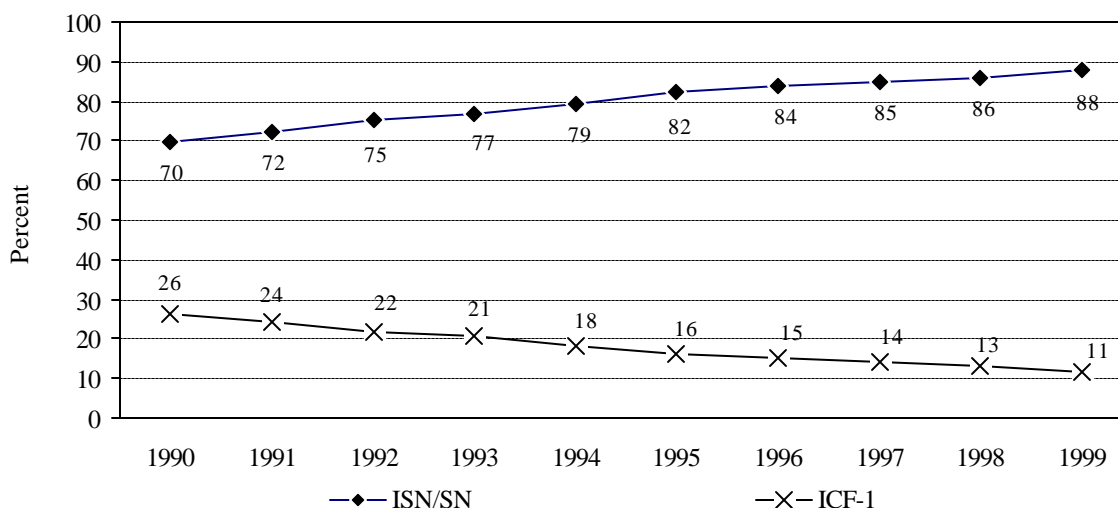
- Compared to 1987 rates, the 1999 nursing home utilization rate was at least 15 percent lower (for ages 95+), and as much as 41 percent lower (for ages 55-64).
- From 1987 to 1999, the utilization rate for all persons aged 65 and over declined 19 percent, from 65 residents per 1,000 population to 53 per 1,000. For those aged 85 and over, the utilization rate was down 21 percent during the same period, from 263 residents per 1,000 population to 207 per 1,000.
- In 1999, about one out of every five Wisconsin adults aged 85-94 and nearly half of those aged 95 and over were residing in a nursing home.

Table 19. Level of Care for Nursing Home Residents, Wisconsin, December 31, 1990-1999

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent-Depend.	
1990	1,073	29,576	11,462	1,229	310	111	180	---	---	43,941
1991	1,062	28,460	9,979	863	181	50	423	---	---	41,018
1992	1,184	31,486	9,441	727	165	44	436	---	---	43,483
1993	1,166	31,794	8,784	618	125	29	312	---	---	42,828
1994	1,086	34,401	8,125	457	96	112	441	---	---	44,718
1995	1,053	34,897	7,039	359	55	18	298	5	6	43,730
1996	1,622	34,445	6,468	268	47	14	188	11	14	43,077
1997	1,562	34,084	5,881	242	41	11	185	19	17	42,042
1998	1,424	33,379	5,338	225	29	10	190	14	16	40,625
1999	1,346	33,493	4,530	165	21	8	142	3	11	39,719

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: DD (Developmental Disabilities) became a separate level of care in 1989, while TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995. Totals for each year do not include residents whose level of care was not reported.

Figure 5. Level of Care, Wisconsin, December 31, 1990-1999

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The percent of residents who were receiving intense skilled nursing or skilled nursing care on the last day of the year increased from 70 percent in 1990 to 88 percent in 1999.
- The percent of residents who were receiving intermediate care decreased from 26 percent to 11 percent during the same period.

Table 20. Primary Pay Source by Level of Care for Nursing Home Residents, Wisconsin, December 31, 1999

Level of Care	Primary Pay Source on December 31					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	222	858	229	24	13	1,346
Skilled Nursing	2,844	21,995	8,163	262	229	33,493
Intermediate	NA	3,450	1,056	2	22	4,530
Limited	NA	88	77	0	0	165
Personal	NA	2	19	0	0	21
Residential	NA	0	8	0	0	8
Traumatic Brain Injury	0	1	2	0	0	3
Ventilator-Dependent	0	10	1	0	0	11
Developmental Disabilities (DD1A)	NA	88	1	0	0	89
Developmental Disabilities (DD1B)	NA	26	0	0	0	26
Developmental Disabilities (DD2)	NA	22	0	0	0	22
Developmental Disabilities (DD3)	NA	5	0	0	0	5
Total Residents, All Levels	3,066	26,545	9,556	288	264	39,719
Percent of All Residents	8%	67%	24%	1%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" does not add to 100 percent due to rounding.

- On December 31, 1999, 67 percent of Wisconsin nursing home residents had Medicaid as their primary pay source (1 percentage point lower than in 1998). Medicare was the primary pay source for 8 percent (1 percentage point higher than in 1998).
- Twenty-four percent of residents were primarily private pay.

Table 21. Percent of Nursing Home Residents by Age Group by Primary Disabling Diagnosis, Wisconsin, December 31, 1999

Primary Disabling Diagnosis	Age Group						Total
	<55	55-64	65-74	75-84	85-94	95+	
Mental Retardation	4%	4%	1%	0%	0%	0%	1%
Cerebral Palsy	2	1	1	0	<1	<1	<1
Epilepsy	<1	<1	<1	<1	<1	<1	<1
Autism	0	0	0	0	0	0	0
Multiple Developmental Disabilities	1	<1	0	<1	0	0	<1
Other Developmental Disabilities	1	1	0	0	<1	0	<1
Subtotal of Developmental Disabilities	8	6	2	1	<1	<1	1
Alzheimer's Disease	1	3	9	14	12	10	12
Other Organic/Psychotic	5	7	11	14	18	18	15
Organic/Non-Psychotic	2	2	2	2	2	4	2
Non-Organic/Psychotic	18	16	9	4	2	2	5
Non-Organic/Non-Psychotic	3	2	2	2	2	2	2
Other Mental Disorders	<1	<1	1	<1	<1	<1	<1
Subtotal of Mental Disorders	29	30	34	36	37	35	35
Paraplegic	1	1	1	0	<1	<1	<1
Quadriplegic	4	1	<1	<1	<1	0	<1
Hemiplegic	2	2	2	1	1	<1	1
Subtotal of Physical Disabilities	7	5	2	1	1	0	1
Cancer	2	3	3	3	2	1	2
Fractures	2	3	4	5	6	7	6
Cardiovascular Disease	3	6	9	13	18	23	15
Cerebrovascular Disease	7	11	14	12	10	7	11
Diabetes	2	5	6	5	3	2	4
Respiratory Diseases	1	5	6	6	5	3	5
Alcohol & Other Drug Abuse	2	1	1	<1	<1	0	<1
Other Medical Conditions	36	25	19	18	18	20	19
Subtotal of Medical Conditions	56	58	61	62	62	65	62
Total	100%	100%	100%	100%	100%	100%	100%
Number of Residents	1,325	1,530	4,224	12,915	16,203	3,522	39,719

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- About one-third of nursing home residents in all age groups had mental disorders as their primary disabling diagnosis. Alzheimer's disease was the primary diagnosis for 12 percent of all residents.
- Cardiovascular disease was the primary diagnosis for 16 percent of residents aged 75 and over.

Table 22. Length of Stay of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 1999

Length of Stay	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 100 days	6,010	15%	29	10%	6,039	15%
100 days to 180 days	2,783	7	23	8	2,806	7
181 days to 364 days	5,031	13	29	10	5,060	13
1-2 years	6,875	17	77	27	6,952	18
2-3 years	4,980	13	21	7	5,001	13
3-4 years	3,611	9	43	15	3,654	9
4 or more years	10,143	26	64	22	10,207	26
Total	39,433	100%	286	100%	39,719	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

- As of December 31, 1999, 35 percent of SNF and ICF residents had been in the nursing home less than one year (compared with 33 percent in 1998). Fifteen percent had been there less than 100 days, 7 percent had been there between 100 and 180 days, and 13 percent had been there 181 to 364 days.
- About one-fourth of SNF/ICF residents (26 percent) had been in the nursing home four or more years (compared with 27 percent in 1998).

Table 23. Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 1999

Age of Resident	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	13	0%	2	1%	15	0%
20-54 years	1,172	3	138	48	1,310	3
55-64 years	1,486	4	44	15	1,530	4
65-74 years	4,173	11	51	18	4,224	11
75-84 years	12,881	33	34	12	12,915	33
85-94 years	16,189	41	14	5	16,203	41
95+ years	3,519	9	3	1	3,522	9
All ages	39,433	100%	286	100%	39,719	100%
65+ years	36,762	93%	102	36%	36,864	93%
85+ years	19,708	50%	17	6%	19,725	50%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are Skilled Nursing Facilities; ICFs are Intermediate Care Facilities; IMDs are Institutions for Mental Diseases.

- As of December 31, 1999, 83 percent of nursing home residents were aged 75 and over.
- Fifty percent of residents in SNFs and ICFs were aged 85 and older, while 49 percent of IMD residents were under 55.

Table 24. Selected Court-Ordered Conditions of Nursing Home Residents, Wisconsin, December 31, 1999

Licensure Category	Placed Under Chapter 51		Has Court- Appointed Guardian		Protectively Placed		Has Activated Power of Attorney for Health Care	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SNFs/ICFs	409	1%	7,639	19%	6,557	17%	12,387	31%
IMDs	61	21	177	62	198	69	1	0

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 1999.

- Sixty-two percent of IMD residents in 1999 (compared with 71 percent in 1998) had a court-appointed guardian under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Thirty-one percent of SNF/ICF residents were reported to have an activated power of attorney for health care in 1999, compared with 29 percent in 1998.

Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Facility Licensure Category, Wisconsin, December 31, 1999

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
All Nursing Homes						
At time of admission	3,930	52%	8,786	47%	12,716	48%
1-30 days after admission	599	8	1,522	8	2,121	8
31 days–1 year after admission	1,659	22	4,294	23	5,953	22
More than 1 year after admission	844	11	3,122	17	3,966	15
Unknown	482	6	1,096	6	1,600	6
Total	7,542	100%	18,864	100%	26,545	100%
Skilled Nursing and Intermediate Care Facilities						
At time of admission	3,888	52	8,736	46	12,624	48
1-30 days after admission	599	8	1,522	8	2,121	8
31 days–1 year after admission	1,659	22	4,293	23	5,952	23
More than 1 year after admission	842	11	3,121	17	3,963	15
Unknown	482	6	1,096	6	1,600	6
Total	7,498	100%	18,812	100%	26,449	100%
Institutions for Mental Diseases						
At time of admission	42	95	50	96	92	96
1-30 days after admission	0	0	0	0	0	0
31 days–1 year after admission	0	0	1	2	1	1
More than 1 year after admission	2	5	1	2	3	3
Unknown	0	0	0	0	0	0
Total	44	100%	52	100%	96	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: One nursing home did not provide data for this table, so that eligibility date and/or sex were unknown for 261 residents of skilled nursing or intermediate care facilities. These 261 residents were included in the totals.

- Between 1998 and 1999, the percent of SNF/ICF residents on December 31 who had been eligible for Medicaid at time of admission increased from 45 percent to 48 percent. A larger proportion of males (52 percent) than females (46 percent) had been eligible for Medicaid at admission (compared to 49 percent and 43 percent, respectively, in 1998).
- An additional 31 percent of SNF/ICF residents became eligible for Medicaid within one year after admission.
- Ninety-six percent of IMD residents on December 31 had been eligible for Medicaid at time of admission.

Table 26. Number of Nursing Home Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR) by Licensure Category, Medicaid-Certified Facilities, Wisconsin, December 31, 1999

	Licensure Category	
	SNFs/ICFs	IMDs
Ever received PASRR Level II screen	4,879	166
Needed DD services	172	7
Needed MI services	545	136
Total residents on Dec. 31	39,433	286
Number of Facilities	401	3

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing facility and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital or FDD; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 1999, a total of 4,879 SNF/ICF residents were reported to have ever received a PASRR Level II screen. (No data were collected on Level I screens.)
- Of those ever screened, 172 were determined to need special services for developmental disabilities and 545 were determined to need special services for mental illness.

Table 27. Immunization Status of Nursing Home Residents, Wisconsin, December 31, 1997-1999

	Percent of Residents		
	1997	1998	1999
All Nursing Homes			
Immunized against influenza this season	83%	84%	85%
Ever received pneumococcal immunization*	1	16	50
Governmental			
Immunized against influenza this season	88	88	86
Ever received pneumococcal immunization*	1	13	69
Nonprofit			
Immunized against influenza this season	81	85	86
Ever received pneumococcal immunization*	1	16	53
Proprietary			
Immunized against influenza this season	82	82	83
Ever received pneumococcal immunization*	1	16	40

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The Centers for Disease Control and Prevention (CDC) recommends a yearly immunization against influenza for older adults between September and mid-November, before the influenza season usually starts. The CDC also recommends that people 65 and older get the pneumococcal vaccine, usually as a single dose (a second dose is advised for people who received the shot more than five years previously and who were younger than 65 when they were vaccinated the first time.) Pneumococcal disease is a serious infection, which may take the form of pneumococcal pneumonia, meningitis (infection of the lining of the brain), bacteremia (infection of the bloodstream), or middle ear and sinus infections. The Annual Survey of Nursing Homes first collected data on immunization status in 1997.

* Data for 1997 and 1998 on the percent of residents who had ever received pneumococcal immunization are probably underestimates due to reporting problems. Facilities were not yet tracking the cumulative data needed to respond to this question accurately.

- The percent of nursing home residents who received a seasonal immunization against influenza remained fairly steady from 1997 (83 percent) to 1999 (85 percent).
- In 1999, 50 percent of nursing home residents had received a pneumococcal immunization at some point. (Data for previous years are not comparable; see note for Table 27.)

Nursing Home Residents

Table 28. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age Groups (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 1999

December 31, 1999

Selected Activities of Daily Living	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
Bed Mobility						
Independent	50%	47%	45%	45%	41%	45%
Needs Supervision	3	4	5	6	6	6
Needs Limited Assistance	11	17	19	20	21	19
Needs Extensive Assistance	15	19	18	18	19	18
Totally Dependent	21	13	11	10	12	12
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,804	4,095	13,006	16,327	3,480	39,712
Transfer						
Independent	36%	33%	29%	28%	22%	29%
Needs Supervision	4	6	7	8	7	7
Needs Limited Assistance	12	18	22	24	25	22
Needs Extensive Assistance	14	21	22	23	26	22
Totally Dependent	32	22	19	17	20	20
Activity did not occur	1	1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
Toilet Use						
Independent	31%	26%	22%	22%	18%	23%
Needs Supervision	4	6	7	7	6	7
Needs Limited Assistance	12	17	20	21	20	20
Needs Extensive Assistance	15	21	24	25	28	24
Totally Dependent	35	27	26	24	27	26
Activity did not occur	3	2	1	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%
Eating						
Independent	50%	54%	52%	52%	47%	52%
Needs Supervision	16	19	21	22	22	21
Needs Limited Assistance	7	7	9	8	11	8
Needs Extensive Assistance	6	6	8	8	10	8
Totally Dependent	21	13	11	10	9	11
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes.

Notes: Residents for whom no information was available were excluded.

Bed mobility = How resident moves from to and from lying position, turns side to side, and positions body while in bed. Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position. Toilet Use = How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes. Eating = How resident eats and drinks (regardless of skill), including intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- Twelve percent of nursing home residents were totally dependent in “bed mobility,” 20 percent were totally dependent in “transfer,” 26 percent were totally dependent in “toilet use,” and 11 percent were totally dependent in “eating.”
- Compared to older residents, at least 30 percent more nursing home residents younger than age 65 were totally dependent in Activities of Daily Living (ADLs).
- In terms of the percentage who were independent in ADLs, there was no difference between residents aged 75-84 and residents aged 85-94.

Table 29. Selected Characteristics of Nursing Home Residents by Age Groups (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 1999

and of Medicaid-Certified Facilities Only), Wisconsin, December 31, 1999						
Selected Characteristics	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
Short-Term Memory						
Adequate	50%	43%	32%	26%	23%	31%
Has problems	50	57	68	74	77	69
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,740	4,089	12,980	16,309	3,479	9,597
Long-Term Memory						
Adequate	61%	58%	50%	47%	46%	50%
Has problems	39	42	50	53	54	50
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,740	4,088	12,981	16,309	3,478	39,596
Cognitive Skills for Daily Decision-Making						
Independent	26%	28%	23%	20%	18%	22%
Modified independence	24	23	24	24	25	24
Moderately impaired	34	34	37	39	39	37
Severely impaired	17	15	17	17	18	17
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,745	4,090	12,984	16,312	3,479	39,610
Bladder Incontinence						
Continent	55%	48%	41%	39%	33%	41%
Usually continent	6	8	8	9	9	8
Occasionally incontinent	6	7	9	10	11	9
Frequently incontinent	10	16	20	21	23	20
Incontinent all of the time	23	21	22	21	23	21
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,803	4,095	13,003	16,327	3,479	39,707
Bowel Incontinence						
Continent	56%	59%	57%	59%	55%	58%
Usually continent	6	8	9	9	11	9
Occasionally incontinent	5	6	7	8	8	7
Frequently incontinent	7	8	9	9	10	9
Incontinent all of the time	27	18	17	15	16	17
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,803	4,094	13,003	16,326	3,479	39,705

Source: Federally mandated resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes.

Note: Residents for whom no information was available were excluded.

- In 1999, 69 percent of nursing home residents had problems with short-term memory, and 50 percent had problems with long-term memory. Over three-quarters (77 percent) of residents aged 95 and over had problems with short-term memory, and 54 percent of these oldest residents had problems with long-term memory.
- Seventeen percent of residents were severely cognitively impaired. This percent differed little by age.
- Forty-one percent of nursing home residents were incontinent of bladder “frequently” or “all of the time.”
- Twenty-six percent of nursing home residents were incontinent of bowel “frequently” or “all of the time.” This percent differed little across age groups.

Table 30. Height and Weight of Nursing Home Residents by Sex and Age Groups, Medicare- and/or Medicaid-Certified Facilities, Wisconsin, December 31, 1999

Sex/Age Groups	Mean	Std. Dev	Number	Range
Height (in inches)				
Males				
<65 years	68.4	4.3	1,440	42-78
65-74 years	68.3	3.6	1,864	43-78
75-84 years	68.1	3.5	4,260	42-78
85-94 years	67.6	3.4	3,589	42-77
95+years	66.9	3.5	450	49-75
All ages	68.0	3.6	11,603	42-78
Females				
<65 years	63.6	3.6	1,342	42-75
65-74 years	63.3	3.1	2,218	45-74
75-84 years	62.7	3.1	8,706	45-76
85-94 years	62.1	3.0	12,692	44-74
95+years	61.7	3.1	3,017	46-75
All ages	62.4	3.1	27,975	42-76
Weight (in pounds)				
Males				
<65 years	175.3	44.0	1,437	60-367
65-74 years	174.4	38.2	1,864	71-360
75-84 years	166.3	33.4	4,263	66-363
85-94 years	159.8	28.6	3,590	76-299
95+years	151.0	25.6	452	83-242
All ages	166.1	34.7	11,606	60-367
Females				
<65 years	162.7	48.3	1,337	52-367
65-74 years	157.9	42.9	2,215	60-360
75-84 years	143.4	35.8	8,710	57-359
85-94 years	132.7	29.3	12,694	58-330
95+years	123.4	25.8	3,015	60-264
All ages	138.4	35.0	27,971	52-367

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes.

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).
Reported values of height below 42 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- "Standard deviation" is a statistical measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for weight and height indicates that weight and height become less variable at older ages.
- The average height was 24 percent less for female residents aged 95 and older than for those under age 65. The average height for male residents aged 95 and older was 14 percent less than for those under age 65.

Section II

Facilities for the Developmentally Disabled (FDDs) and Residents

Table 31. Selected Measures of Utilization, Facilities for the Developmentally Disabled (FDDs), Wisconsin 1994-1999

Utilization Measure	1994	1995	1996	1997	1998	1999
As of December 31:						
Number of FDDs	43	40	38	38	38	37
Licensed Beds	2,489	2,414	2,260	2,212	2,179	2,119
Beds Set Up and Staffed	2,467	2,341	2,226	2,178	2,135	2,053
Percent Beds Vacant	0.9	3.0	1.5	1.5	2.0	3.1
Total Residents	2,325	2,193	2,123	2,040	2,006	1,951
Rate*	0.46	0.43	0.41	0.39	0.38	0.37
Residents Age 65 & Over						
Number	485	463	479	449	438	421
Percent	20.9	21.1	22.6	22.0	21.8	21.6
Medicaid Residents (Percent)	97.3	98.5	98.6	98.9	99.1	99.2
Calendar Year:						
Inpatient Days	848,973	815,875	775,907	753,306	732,307	712,104
Percent Change	-4.3	-3.9	-4.9	-2.9	-2.8	-2.8
Average Daily Census	2,327	2,239	2,123	2,064	2,008	1,951
Percent Occupancy**	93.5	92.8	93.9	93.3	92.2	92.1
Total Admissions	249	249	296	262	266	265
Total Discharges and Deaths	301	341	319	345	300	301

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

* FDD residents per 1,000 total population.

** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

FDD admissions and discharges reported since 1996 are not comparable with those reported in previous years due to changes in the federally mandated Minimum Data Set (MDS), Version 2.0. Temporary discharges and re-admissions (previously unrecorded) are now included in the total figures.

- From 1994 to 1999, the following measures of utilization of Wisconsin facilities for the developmentally disabled (FDDs) declined.

⇒ The number of FDDs declined from 43 to 37 (14 percent).

⇒ Staffed beds decreased from nearly 2,500 to just over 2,000, a decline of 17 percent.

⇒ The percent of vacant FDD beds increased from 1 percent to 3 percent.

⇒ Total FDD residents declined 16 percent (from 2,325 to 1,951), while the FDD utilization rate decreased from 0.46 to 0.37 per 1,000 total population.

⇒ Inpatient days decreased from 0.85 million to 0.71 million, a reduction of 16 percent.

Table 32. FDD Capacity by Ownership and Bed Size, Wisconsin 1999

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
All FDDs	37	100%	2,119	100%	3%	92.1%
Facility Ownership						
Governmental	19	51	797	38	0	93.6
Nonprofit	10	27	1,005	47	6	89.0
Proprietary	8	22	317	15	2	98.1
Bed Size						
Less than 50 beds	21	57	584	28	1	94.0
50-99 beds	11	30	656	31	1	93.1
100-199 beds	3	8	373	18	4	94.6
200 beds and over	2	5	506	24	9	86.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: FDD beds not staffed are licensed, but not available for occupancy.
Percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 31).

- Compared to nursing homes, FDDs had a higher percent occupancy (92 percent vs. 85 percent).
- About 50 percent of FDDs were governmentally owned, but these accounted for only 38 percent of licensed beds.
- Proprietary FDDs had the highest occupancy (98 percent), and nonprofit FDDs the lowest (89 percent).
- About 86 percent of FDDs (33 facilities) had less than 100 beds. Only two FDDs had a bed size of 200 or more. Their percent occupancy was only 87 percent, compared to 93 percent or higher for smaller FDDs.

Table 33. FDD Capacity by County, Wisconsin 1999

County of Location	Facilities on 12/31/99	Licensed Beds on 12/31/99	Staffed Beds on 12/31/99	Total Inpatient Days	Residents on 12/31/99	Average Daily Census	Percent Occupancy
State Total	37	2,119	2,053	712,104	1,951	1,951	92.1
Brown	4	198	198	67,556	184	185	93.4
Chippewa	1	28	28	10,102	28	28	100.0
Clark	1	38	38	11,781	32	32	84.2
Dane	1	18	18	5,526	15	15	83.3
Dodge	1	79	79	24,984	72	68	86.1
Douglas	1	26	26	8,214	26	23	88.5
Dunn	1	52	52	18,245	49	50	96.2
Fond du lac	2	84	79	28,979	79	79	94.1
Grant	1	50	50	17,072	48	47	94.0
Jefferson	4	411	408	140,529	389	385	93.7
La Crosse	1	56	56	18,184	49	50	89.3
Manitowoc	2	50	50	17,068	46	47	94.0
Marinette	1	18	18	6,508	17	18	100.0
Milwaukee	4	545	495	172,108	476	471	86.4
Monroe	1	14	14	4,400	12	12	85.7
Oneida	1	136	131	49,714	131	136	100.0
Racine	1	51	51	18,530	50	51	100.0
Rock	1	32	32	11,044	32	30	93.8
Sauk	1	30	30	8,834	23	24	80.0
Shawano	1	24	24	8,671	23	24	100.0
Sheboygan	1	37	37	13,439	36	37	100.0
Trempealeau	1	44	44	15,946	43	44	100.0
Waupaca	2	50	50	17,738	48	49	98.0
Winnebago	1	19	16	6,750	16	18	94.7
Wood	1	29	29	10,182	27	28	96.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Average daily census is the number of residents on an average day during the year.
Percent occupancy is the average percent of licensed beds occupied during the year.

- Four counties had more than 100 licensed FDD beds in 1999: Brown, Jefferson, Milwaukee, and Oneida.
- The percent occupancy by county for Wisconsin FDDs ranged from a high of 100 percent (Chippewa) to a low of 80 percent (Sauk).

Table 34. Average Per Diem Rates in FDDs by Care Level and Primary Pay Source, Wisconsin, December 31, 1999

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	NA	\$146	\$133*	---	---	\$145
Developmental Disabilities (DD1B)	NA	149	160*	---	---	149
Developmental Disabilities (DD2)	NA	130	148*	---	---	130
Developmental Disabilities (DD3)	NA	99	---	---	---	99
All Levels	NA	\$138	\$146*	---	---	\$138

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A "*" indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates for those few residents may not be representative of typical rates).

A "---" indicates there were no residents in that category.

See Technical Notes for definitions of all level of care categories shown in this table.

- The average per diem rate in 1999 for care received by FDD residents was \$138. This represented an increase over the 1998 average per diem (\$135) of 2.5 percent, a little higher than the overall rate of inflation in 1999 (2.2 percent).
- The average per diem rate paid for FDD care by private sources (\$146) was 6 percent higher than the rate paid by Medicaid (\$138).
- The Medicaid rate for DD1A increased 3.5 percent from 1998 to 1999 (from \$140 to \$146).

Table 35. Number of FDDs Providing Services to People Not Residing in the Facility, Selected Years, Wisconsin

Type of Service	1990	1995	1996	1997	1998	1999
Home Health Care	0	0	0	0	0	0
Supportive Home Care	1	0	0	0	1	1
Personal care	0	0	0	0	1	1
Household services	1	0	0	0	0	0
Day Services	1	4	5	4	4	4
In community setting	0	1	1	1	1	1
In FDD setting	1	4	4	3	3	3
Respite Care	3	5	5	6	7	8
In patient's home	0	0	0	0	0	0
In FDD setting	3	5	5	6	7	8
Adult Day Care	2	3	3	3	3	3
In community setting	1	1	1	2	1	1
In FDD setting	1	2	2	1	2	2
Adult Day Health Care	0	1	1	1	1	1
Congregate Meals	1	3	4	4	4	4
In community setting	1	2	3	3	3	3
In FDD setting	0	1	1	1	1	1
Home-Delivered Meals	1	1	1	1	1	1
Other Meal Services	2	2	2	2	3	3
Referral Service	1	1	2	2	2	2
Transportation	1	1	1	1	1	1

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes.
FDDs may offer specific services in more than one setting.

- The number of FDDs that provided respite care in the facility increased from 3 in 1990 to 8 in 1999.

Table 36. Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 1999

Table 36. Frequency of Family Council Meetings by FCB Ownership Category, Wisconsin 1999								
Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	15	79%	6	60%	6	75%	27	73%
Inactive Family Council	0	0	0	0	1	13	1	3
Active Family Council,								
meets:	4	21	4	40	1	13	9	24
As often as needed	0	0	0	0	0	0	0	0
Less than quarterly	0	0	1	10	0	0	1	3
Once in three months	0	0	3	30	1	13	4	11
Once a month	2	11	0	0	0	0	2	5
Once a week	0	0	0	0	0	0	0	0
Other	2	10	0	0	0	0	2	5
Total	19	100%	10	100%	8	100%	37	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Fourteen facilities did not respond to this question.

Federal Health Care Financing Administration (HCFA) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council."

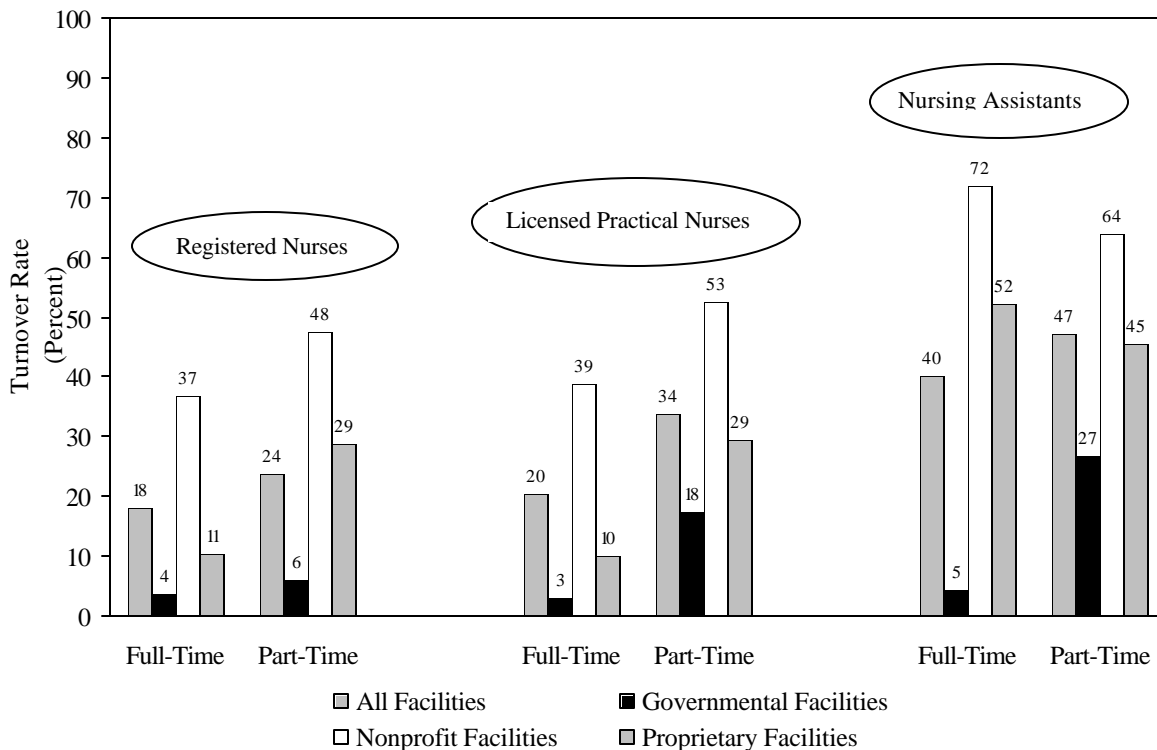
- In 1999, 73 percent of Wisconsin FDDs did not have a Family Council, and 3 percent had an inactive Family Council. Only 16 percent of FDDs had a Family Council that met as frequently as once a month to once every three months.

Table 37. FDD Employees, Wisconsin 1999

Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Residents
Nursing Services		
Registered Nurses	111.6	5.7
Licensed Practical Nurses	130.7	6.7
Nursing Assistants/Aides	979.2	50.2
Certified Medication Aides	10.5	0.5
Therapeutic Services		
Physicians and Psychiatrists	3.2	0.2
Psychologists	9.1	0.5
Dentists	0.0	0.0
Activity Directors and Staff	89.4	4.6
Physical Therapists and Assistants	8.2	0.4
Occupational Therapists and Assistants	30.8	1.6
Recreational Therapists	21.8	1.1
Restorative Speech Therapists	0.3	0.0
AODA Counselors	0.0	0.0
Qualified Mental Retardation Specialists	76.4	3.9
Qualified Mental Health Professionals	16.2	0.8
Other Services		
Dietitians and Food Workers	188.5	9.7
Social Workers	17.2	0.9
Medical Records Staff	18.4	0.9
Administrators	27.9	1.4
Pharmacists	8.6	0.4
Other Health Prof. and Technical Personnel	193.8	9.9
Other Non-Health-Professional and Non-Technical Personnel	343.2	17.6
Statewide Total	2,284.7	117.1

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

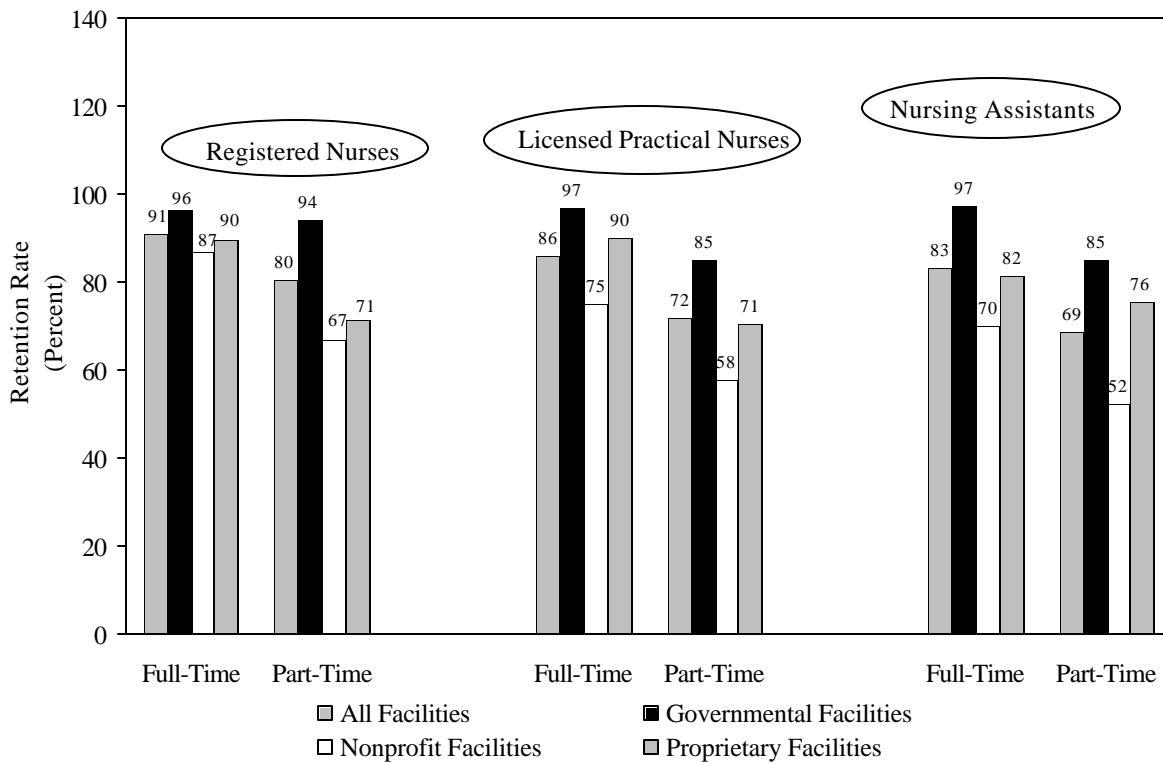
- Statewide, there were 1.17 FTEs per FDD resident in 1999, compared to 1.19 FTEs per resident in 1998.
- The major categories of FDD employees were nursing assistants, dietitians and food workers, and “other” health professional and technical personnel. These groups collectively accounted for 60 percent of all FTEs working in FDDs.

Figure 6. Nursing Staff Turnover Rate by Facility Ownership (FDDs), 1999

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- Between 1998 and 1999, the statewide turnover rate for full-time registered nurses working in FDDs declined from 21 percent to 18 percent. The turnover rate for full-time licensed practical nurses working in FDDs increased from 13 percent to 20 percent.
- The turnover rate for part-time RNs in governmental FDDs decreased from 24 percent to 6 percent. For full-time RNs in proprietary FDDs, the turnover rate declined from 23 percent to 11 percent.
- In 1999, turnover rates for all categories of nursing staff were the highest in nonprofit FDDs and the lowest in governmental FDDs.
- Between 1998 and 1999, turnover rates increased more for RNs and LPNs, both full- and part-time, than for nursing assistants.

Figure 7. Nursing Staff Retention Rate by Facility Ownership (FDDs), 1999

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- The retention rate varied markedly among FDD ownership categories, from a low of 52 percent to a high of 97 percent. It was lower for nursing assistants, and higher for RNs and LPNs.
- Governmental FDDs had the highest retention rates, while nonprofit FDDs had the lowest.
- In 1999, at least 52 percent of all FDD staff had been working in the same facility for one year or longer.

Table 38. Level of Care for FDD Residents at Time of Admission, Wisconsin 1990-1999

Year	Level of Care at Admission				Total
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1990	---	---	---	---	291
1991	---	---	---	---	391
1992	---	---	---	---	356
1993	---	---	---	---	308
1994	---	---	---	---	249
1995	66	71	102	10	249
1996	88	93	105	10	296
1997	87	97	62	9	255
1998	72	117	69	8	266
1999	82	107	72	4	265

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993. The Annual Survey of Nursing Homes did not collect admissions data on the new subcategories until 1995.

Totals include residents whose level of care at admission was not reported.

The DD1A care level is for developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Residents at the DD2 care level are moderately retarded adults requiring active treatment with an emphasis on skills training. Residents at the DD3 level are mildly retarded adults requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

- From 1995 to 1999, the number of FDD admissions at the DD1A level of care increased 24 percent (from 66 to 82).
- Admissions at the DD1B care level increased 51 percent (from 71 to 107).
- Admissions at the DD2 and DD3 care levels declined by 42 percent and 60 percent, respectively.

Table 39. Primary Pay Source at Admission for FDD Residents, Wisconsin 1990-1999

Year	Primary Pay Source at Admission					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
1990	NA	266	24	---	19	309
1991	NA	364	30	---	1	395
1992	NA	319	46	---	1	366
1993	NA	266	37	---	5	308
1994	NA	217	26	---	6	249
1995	NA	219	29	---	1	249
1996	NA	242	50	0	4	296
1997	NA	219	23	1	19	262
1998	NA	228	35	1	2	266
1999	NA	231	6	0	28	265

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Totals include residents whose primary pay source at admission was not reported.

- Medicaid was the primary pay source at admission for 87 percent of FDD admissions in 1999. This proportion has remained stable for the past decade.
- Private pay as a source of payment at admission declined from 8 percent of FDD admissions in 1990 to 2 percent in 1999, while "other sources" increased from 6 percent to 11 percent of admissions.

Table 40. Primary Pay Source at Admission by Level of Care (FDDs), Wisconsin 1999

Level of Care At Admission	Pay Source at Admission					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Developmental						
Disabilities (DD1A)	NA	77	3	0	2	82
Developmental						
Disabilities (DD1B)	NA	84	1	0	22	107
Developmental						
Disabilities (DD2)	NA	66	2	0	4	72
Developmental						
Disabilities (DD3)	NA	4	0	0	0	4
Total Admissions	NA	231	6	0	28	265

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An “NA” indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories.

- Of those persons admitted to facilities for the developmentally disabled in 1999 who had Medicaid as a primary source of payment, 33 percent were at the DD1A level of care, 36 percent were at the DD1B level, 29 percent were at the DD2 level, and 2 percent were at the DD3 level.

Table 41. FDD Resident Age and Level of Care at Admission, Wisconsin 1999

Level of Care At Admission	Age at Admission						Total
	<20	20-54	55-64	65-74	75-84	85+	
Developmental Disabilities (DD1A)	17	45	12	6	2	0	82
Developmental Disabilities (DD1B)	9	82	10	6	0	0	107
Developmental Disabilities (DD2)	1	47	12	8	4	0	72
Developmental Disabilities (DD3)	0	3	0	0	0	1	4
Total Admissions	27	177	34	20	6	1	265

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing,
Department of Health and Family Services.

Notes: See Technical Notes for definitions of all level of care categories.

- In 1999, 77 percent (204) of persons admitted to FDDs were under age 55, compared to 85 percent (225) in 1998.
- Ten percent of persons admitted to FDDs in 1999 were 65 and older, compared to 5 percent in 1998.

Table 42. Care Location of FDD Residents Prior to Admission, Wisconsin 1999

Care Location	Admissions	
	Number	Percent
Private home/apt. with no home health services	103	39%
Private home/apt. with home health services	7	3
Board and care/assisted living/group home	40	15
Nursing home	31	12
Acute care hospital	23	9
Psychiatric hospital, MR/DD facility	48	18
Rehabilitation hospital	3	1
Other	10	4
Total Admissions	265	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 1999, 39 percent of residents admitted to FDDs were from private residences with no home health services. Just 3 percent were admitted from private residences with home health services.
- Nine percent of admissions to FDDs were from acute care hospitals; 18 percent were from psychiatric hospitals or facilities for the mentally retarded or developmentally disabled.

Table 43. Discharge Status or Care Destination of FDD Residents Discharged, Wisconsin 1999

Discharge Status/ Care Destination	Discharges/Deaths	
	Number	Percent
Private home/apt. with no home health services	80	27%
Private home/apt. with home health services	15	5
Board and care/ assisted living/ group home	52	17
Nursing home	31	10
Acute care hospital	20	7
Psychiatric hospital, MR/DD facility	28	9
Rehabilitation hospital	2	1
Other	8	3
Deceased	65	22
Total	301	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Twenty-seven percent of FDD resident discharges were to private homes with no home health services.
- Another 17 percent of discharges were to group homes.

Table 44. FDD Utilization Rates, Wisconsin 1988-1999

Year	Age-Specific Rates per 1,000 Population			
	Under 20	20-54	55-64	65+
1988	<0.1	0.5	0.6	0.4
1989	<0.1	0.7	1.0	0.8
1990	<0.1	0.7	1.1	0.7
1991	<0.1	0.6	1.1	0.7
1992	<0.1	0.6	1.1	0.7
1993	<0.1	0.6	1.0	0.7
1994	<0.1	0.6	0.9	0.7
1995	<0.1	0.5	0.9	0.7
1996	<0.1	0.5	0.8	0.7
1997	<0.1	0.5	0.8	0.7
1998	<0.1	0.5	0.8	0.6
1999	<0.1	0.4	0.8	0.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of FDD residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.
Age groups in the annual survey changed somewhat over the years, but the effect of these changes on FDD utilization rates was minimal.

- About 4 out of every 10,000 people in Wisconsin between age 20 and 54 resided in a facility for the developmentally disabled in 1999. This rate was doubled for people between 55 and 64 years of age.

Table 45. Level of Care for FDD Residents, Wisconsin, December 31, 1990-1999

Year	Level of Care				Total
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1990	---	---	---	---	1,986
1991	---	---	---	---	2,517
1992	---	---	---	---	2,541
1993	485	642	1,084	190	2,401
1994	493	661	1,012	153	2,319
1995	483	637	938	130	2,188
1996	502	609	892	118	2,121
1997	479	600	837	122	2,038
1998	487	598	820	99	2,004
1999	485	569	813	82	1,949

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993.

Totals include residents whose level of care was not reported.

See Technical Notes for definitions of all level of care categories.

- The number of FDD residents at the DD1A level of care has remained fairly stable since 1993, while the number of residents at the DD1B level of care decreased 11 percent between 1993 and 1999.
- FDD residents at the DD2 level of care declined 25 percent during the same period.
- FDD residents at the DD3 level of care decreased 57 percent between 1993 and 1999.

Table 46. Primary Pay Source by Level of Care for FDD Residents, Wisconsin, December 31, 1999

Level of Care	Primary Pay Source on December 31					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	NA	481	4	0	0	485
Developmental Disabilities (DD1B)	NA	567	2	0	0	569
Developmental Disabilities (DD2)	NA	803	10	0	0	813
Developmental Disabilities (DD3)	NA	82	0	0	0	82
Total Residents	NA	1,933	16	0	0	1,949
Percent of All Residents	NA	99%	1%	0	0	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An “NA” indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories.

- On December 31, 1999, Medicaid was the primary pay source for 99 percent of all FDD residents. This percentage has remained about the same since at least 1990.

Table 47. Percent of FDD Residents by Age Group by Primary Disabling Diagnosis, Wisconsin, December 31, 1999

Primary Disabling Diagnosis	Age Group					Total
	<20	20-54	55-64	65-74	75+	
Mental Retardation	90%	91%	95%	92%	92%	91%
Cerebral Palsy	0	1	1	2	1	1
Autism	0	2	0	0	0	1
Multiple Developmental Disabilities	3	4	3	5	4	4
Other Developmental Disabilities	0	1	1	0	1	1
Subtotal of Developmental Disabilities	93%	98%	100%	99%	99%	99%
Other Organic/Psychotic	0	0	0	0	0	<0.1
Non-Organic/Non-Psychotic	3	0	0	1	<1	<0.1
Organic/Non-Psychotic	3	1	0	0	<1	<0.1
Other Mental Disorders	0	0	0	0	0	<0.1
Subtotal of Developmental Disabilities	7%	1%	0	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%
Number of Residents	30	1,157	343	249	172	1,951

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding. The total included 128 FDD residents whose diagnosis was not reported.

- Mental retardation was the primary diagnosis of FDD residents in all age groups.

Table 48. Length of Stay of FDD Residents, Wisconsin, December 31, 1999

Length of Stay	Number	Percent
Less than 100 days	49	3%
100 days to 180 days	38	2
181 days to 364 days	63	3
1-2 years	108	6
2-3 years	80	4
3-4 years	103	5
5 or more years	1,510	77
Total	1,951	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Over three-quarters (77 percent) of FDD residents had been in the facility five years or longer.
- Only 8 percent of FDD residents had been in the facility less than one year.

Table 49. Age of FDD Residents, Wisconsin, December 31, 1999

Age of Resident	Number	Percent
Less than 20 years	30	2%
20-54 years	1,157	59
55-64 years	343	18
65-74 years	249	13
75-84 years	137	7
85+ years	35	2
All ages	1,951	100%
65+ years	421	22%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Most FDD residents (61 percent) were under age 55.
- Only 9 percent of FDD residents were aged 75 and over.

Table 50. Selected Court-Ordered Conditions of FDD Residents, Wisconsin, December 31, 1999

Placed Under Chapter 51		Has Court-Appointed Guardian		Protectively Placed		Has Activated Power of Attorney for Health Care	
Number	Percent	Number	Percent	Number	Percent	Number	Percent
68	3	1,891	97	1,712	88	13	1

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 1999.

- Only 3 percent of FDD residents in 1999 had been placed in the facility under Chapter 51 of Wisconsin Statutes (the Mental Health Act of 1971) to receive integrated treatment and rehabilitative services. This marks a dramatic decline from 1998, when 20 percent of FDD residents had been placed under Chapter 51.
- Ninety-seven percent of FDD residents in 1999 (compared with 96 percent in 1998) had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.
- Eighty-eight percent of FDD residents had been protectively placed in the facility under Chapter 55 of Wisconsin Statutes (the Protective Services Act). In 1998, 81 percent of FDD residents had been placed under Chapter 55.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Only one percent of FDD residents were reported to have an activated power of attorney for health care in 1999.

Table 51. FDD Residents With Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 1999

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
At time of admission	717	71%	687	74%	1,404	73%
1-30 days after admission	3	0	4	0	7	0
31 days–1 year after admission	17	2	10	1	27	1
More than 1 year after admission	96	10	115	12	211	11
Unknown	170	17	116	12	286	15
Total	1,003	100%	932	100%	1,935	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Nearly three-quarters of FDD residents on December 31 had been eligible for Medicaid at time of admission.
- An additional 11 percent of FDD residents became eligible for Medicaid more than a year after admission.

Table 52. Number of FDD Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR), Wisconsin, December 31, 1999

	Number of Residents
Ever received PASRR Level II screen	126
Needed DD services	126
Needed MI services	1
Total residents on Dec. 31	1,951
Number of Facilities	37

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing home and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. (The PASRR process is not required for admissions to FDDs. Data reported here may reflect screens received by FDD residents who were once considering admission to a nursing facility or may have resided in a nursing facility.)

The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 1999, a total of 126 FDD residents were reported to have ever received a PASRR Level II screen. (No data were collected on Level I screens).
- Of FDD residents who had ever received this screening, all were determined to need special services for developmental disabilities and one was determined to also need special services for mental illness.

Technical Notes

MDS 2.0 Data (Tables 28, 29, and 30)

Detailed resident-based data were submitted by 420 Medicare- and Medicaid-certified skilled nursing facilities, intermediate care facilities and institutions for mental diseases. (There were 424 SNFs/ICFs/IMDs in the 1999 Annual Nursing Home Survey, but four of them did not have to report MDS data because they accept only private-pay patients.) These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by these nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 1999 was calculated by using the number of residents assessed in 1999 (using the latest full assessment only), subtracting the facility's number of residents reported as discharged from MDS *discharge* assessments, and then adding the facility's number of residents reported as readmitted from MDS *readmission* assessments during the year. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 1999, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting discharges and/or readmissions. (Some facilities did not fill in a discharge or readmission tracking form when they discharged or readmitted a patient.) To adjust the overall MDS data set for these discrepancies, each facility's MDS data were examined. When a facility's data showed at least 25 more residents in the MDS count than in the December 31 aggregate survey count, that facility was contacted for feedback on the reasons for the difference.

For those facilities where the MDS count was at least 25 residents higher than the December 31 count from the Annual Survey of Nursing Homes, the names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

In facilities where the MDS count was higher than the December 31 count by less than 25 residents, or where the MDS count was lower than the December 31 count, no adjustments to the data set were made.

After the MDS data set was adjusted, the overall effect of under-reporting discharges and readmissions was negligible. The final figure for the total number of SNF residents on December 31, 1999, based on the MDS data set was 39,733, compared to the 39,719 residents counted on December 31 for the Annual Survey of Nursing Homes.

Definitions for Levels of Care (Tables 7, 12, 14, 15, 19, 20, 34, 38, 40, 41, 45, and 46)

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: All developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: All developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: Mildly retarded adults requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

Definitions of Services to Non-Residents (Table 8, Table 35)

(Definitions provided by staff in Wisconsin Bureau on Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

State of Wisconsin \ Department of Health and Family Services
1999 ANNUAL SURVEY OF NURSING HOMES

If any information on the label below is inaccurate or incomplete, please correct.

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town _____
- ☐ 2. Village What county is nursing home located in? _____
- ☐ 3. Town

NUMBER OF RESIDENTS
IN THE FACILITY ON
DECEMBER 31, 1999

Return the *PINK COPY* of the survey no later than February 1, 2000 to:

Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services
1 W. Wilson St., Rm. 172
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (365 DAYS), JANUARY 1 THROUGH DECEMBER 31, 1999

Refer to Instructions and Definitions accompanying this form.

A. FACILITY SECTION

1. Was this facility in operation for the entire calendar year of 1999? ☐ 1. Yes ☐ 2. No

If no, and operations began after January 1, 1999, or ended before December 31, 1999,
list below the dates your operation began and ended.

Beginning Date

☐☐ Month ☐☐ Day '99

Ending Date

☐☐ Month ☐☐ Day '99

Days of Operation

☐☐☐

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental

- ☐ 10. Village
☐ 11. State

Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Church-Related
☐ 21. Nonprofit Corporation

Investor-Owned/For Profit

- ☐ 23. Individual
☐ 24. Partnership

☐ 12. County
☐ 13. City

☐ 22. Other Nonprofit

☐ 25. Corporation

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing home with another organization? ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 25 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code) ☐ ☐

4. Is your facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No

5. Is your facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No

6. Is your facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No

7. Is your facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No

8. Is your facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No

9. Is your facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No

10. Is all or part of your facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare certified beds _____

11. Is your facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No

12. Does your facility have a contract with an HMO for providing services? ☐ 1. Yes ☐ 2. No

13. Does your facility have a locked unit? ☐ 1. Yes ☐ 2. No

If yes, how many beds? _____

14. Does your facility utilize formal wandering precautions, e.g., Wanderguard Systems? ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in your facility on December 31, 1999, were monitored? _____

B. SERVICES SECTION

1. Does your facility offer services to **non-residents**? ☐ 1. Yes ☐ 2. No
If yes, check which services your facility provides to non-residents (see definitions).
- | | |
|--|---|
| <input type="checkbox"/> a. Home Health Care (Licensed home health, HSS 133) | <input type="checkbox"/> g. Adult Day Health Care |
| <input type="checkbox"/> b. Supportive Home Care/Personal Care | <input type="checkbox"/> h. Congregate Meals |
| <input type="checkbox"/> c. Supportive Home Care/Household Services | <input type="checkbox"/> 1. In community setting? |
| <input type="checkbox"/> d. Day Services | <input type="checkbox"/> 2. In nursing home setting? |
| <input type="checkbox"/> 1. In community setting? | <input type="checkbox"/> i. Home Delivered Meals |
| <input type="checkbox"/> 2. In nursing home setting? | <input type="checkbox"/> j. Referral Services |
| <input type="checkbox"/> e. Respite Care | <input type="checkbox"/> k. Other meals (Includes Jail, Adult Day Care, etc.) |
| <input type="checkbox"/> 1. In home setting? | <input type="checkbox"/> l. Transportation |
| <input type="checkbox"/> 2. In nursing home setting? | <input type="checkbox"/> m. Other (<i>specify</i>) _____ |
| <input type="checkbox"/> f. Adult Day Care | |
| <input type="checkbox"/> 1. In community setting? | |
| <input type="checkbox"/> 2. In nursing home setting? | |
2. Are you planning to add other services to **non-residents** in the future? ☐ 1. Yes ☐ 2. No
If yes, specify service(s) to be provided. _____
3. Does your facility currently use a unit-dose drug delivery system? ☐ 1. Yes ☐ 2. No
4. Does your facility have an in-house pharmacy? ☐ 1. Yes ☐ 2. No
5. Does your facility have a policy to allow self-administration of medications by residents? ☐ 1. Yes ☐ 2. No
6. Do you currently have residents who are self-administering prescription drugs? ☐ 1. Yes ☐ 2. No
7. Does your facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No
If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/99?
8. Does your facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No
If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/99?
9. Does your facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No
10. Does your facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No
- (a) If yes, is the unit locked? (*Leave blank if no unit.*) ☐ 1. Yes ☐ 2. No
- (b) Number of beds in unit?

11. Does your facility utilize day programming for mentally ill residents? ☐ 1. Yes ☐ 2. No

If yes, is the specific program:

(check all that apply)

- ☐ a. In-house?
- ☐ b. Referral to sheltered work?
- ☐ c. Community-based supported work?
- ☐ d. Facility-based day service?
- ☐ e. Referral to community-based day service?
- ☐ f. Other (specify) _____

12. Does your facility utilize day programming for developmentally disabled residents? ☐ 1. Yes ☐ 2. No

If yes, is the specific program:

(check all that apply)

- ☐ a. In-house?
- ☐ b. Referral to sheltered work?
- ☐ c. Community-based supported work?
- ☐ d. Facility-based day service?
- ☐ e. Referral to community-based day service?
- ☐ f. Other (specify) _____

C. UTILIZATION SECTION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 1999): _____

2. **TOTAL** licensed bed capacity (as of December 31, 1999): _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.
No. of beds: _____

☐ e. Beds temporarily not meeting HFS-132 code.
No. of beds: _____

☐ b. Rooms converted for administrative purposes.
No. of beds: _____

☐ f. Banked beds.
No. of beds: _____

☐ c. Beds out-of-service due to renovation
or remodeling (Not HSS-132 related).
No. of beds: _____

☐ g. Other (specify): _____

☐ d. Rooms converted for resident
program (treatment) purposes.
No. of beds: _____

No. of beds: _____

4. Do you anticipate any bed reduction in the forthcoming year? ☐ 1. Yes ☐ 2. No

If yes, by how many beds? _____

D. RESIDENT SECTION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 1999

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate.

IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	METHOD OF REIMBURSEMENT				
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	\$	\$	\$	\$	\$
SNF Skilled Care	\$	\$	\$	\$	\$
ICF-1 Intermediate Care		\$	\$	\$	\$
ICF-2 Limited Care		\$	\$	\$	\$
ICF-3 Personal Care		\$	\$	\$	\$
ICF-4 Residential Care		\$	\$	\$	\$
DD1A Developmental Disabilities		\$	\$	\$	\$
DD1B Developmental Disabilities		\$	\$	\$	\$
DD2 Developmental Disabilities		\$	\$	\$	\$
DD3 Developmental Disabilities		\$	\$	\$	\$
TBI Traumatic Brain Injury	\$	\$	\$	\$	\$
Ventilator Dependent (See Definition)	\$	\$	\$	\$	\$

*Includes Veterans Administration, County Boards, Champus, Community Aids and others.

2. Inpatient Days by Age

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in your facility during the reporting period:
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in your facility during the reporting period:
- TOTAL** inpatient days of service rendered to ALL residents in your facility during the reporting period (January 1, 1999 to December 31, 1999), (**2.a + b = c**):
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 365 days, or as reported on page 1, item A.1.):

(Round to the nearest whole number.)

E. PERSONNEL SECTION

1. Number of personnel employed by your facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. If your facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing home.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. **ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR.***

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. TOTAL (sum of lines 1 – 29)				

Number of hours in work week?

(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

E. PERSONNEL SECTION (continued)

ACCORDING TO WIS. STATS., 50.095(3)(b), SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.

2. How many employees in each of the following three categories were hired in 1999?
(ALL hired in 1999, **including those who quit.**) INCLUDE IN-HOUSE POOL STAFF. (Do not include contracted staff.)

a. Registered Nurses: Full-Time _____ Part-Time _____

b. Licensed Practical Nurses: Full-Time _____ Part-Time _____

c. Nursing Assts./Aides: Full-Time _____ Part-Time _____

3. Indicate the number of **current** employees as of December 31, 1999, according to their duration of service in your facility: INCLUDE IN-HOUSE POOL STAFF. (Do not include contracted staff.)

DURATION OF SERVICE	Registered Nurses		Licensed Practical Nurses		Nursing Assistants/Aides	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Hired in 1999:						
a. Less than 6 Months						
b. 6 Months to less than 1 Year						
Hired Prior to 1999:						
c. 1 Year or more						
Total (a + b + c)						

THE FOLLOWING INFORMATION WILL BE COMPILED FOR THE “1999 CONSUMER INFORMATION REPORT”, published by the Bureau of Quality Assurance, per s.50.095, Wis. Stats.

(NOTE: *FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.*)

4. Report the total number of ***paid*** hours worked by registered nurses, licensed practical nurses and nurse aides/other direct care nurse aides providing service 12/5/99 – 12/18/99. Record total hours for each shift, ***rounded to the nearest quarter hour***, excluding unpaid lunch breaks. USE DECIMALS ONLY, NOT FRACTIONS.

Enter as a 3, 4, or 5 digit number, e.g., 8.00, 15.25 or 125.75.

(Please use the dates of 12/5/99 – 12/18/99 if possible, otherwise, use the first full two-week pay period in December.)

DATE	Day Shift			Evening Shift			Night Shift		
	RN HOURS	LPN HOURS	NA/OTHER NA HOURS	RN HOURS	LPN HOURS	NA/OTHER NA HOURS	RN HOURS	LPN HOURS	NA/OTHER NA HOURS
12/05/99									
12/06/99									
12/07/99									
12/08/99									
12/09/99									
12/10/99									
12/11/99									
12/12/99									
12/13/99									
12/14/99									
12/15/99									
12/16/99									
12/17/99									
12/18/99									

F. PHYSICALLY RESTRAINED RESIDENTS ON DECEMBER 31, 1999

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE THIS PAGE.)

A physical restraint is “any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.” The important characteristics of a restraint are that (1) it keeps a resident from freely moving or from reaching a part of his/her body, and (2) the resident cannot easily remove it. This definition means that any of the following devices may or may not be a restraint, depending on how it is used, and the effect upon whom it is used.

Device Definitions:

Body holders	Chest, poncho, non self-releasing lap belt, roll belt, wrist, mitt or other device that physically binds resident to something else.
Restrictive equipment	Self-releasing lap belts, support bars, tray tables, lap buddies or merry walkers.
Specialized chairs	Geri chairs, reclining chairs, individually fitted chairs.
Positioning aides	Wedges, pillows, cushions or other positioning devices.
Side rails	Any type of side rail on the bed (half, quarter or full).

Indicate the number of residents on December 31, 1999 who used one or more of the above listed devices.

1. On December 31, 1999, how many residents used one or more devices?
(Include both restrained and unrestrained residents.) _____
2. Of the residents identified in question 1, how many were **physically restrained** by
one or more devices? *
3. On December 31, 1999, how many residents used side rails? _____
4. Of the residents identified in question 3, how many were **physically restrained** by side rails? _____

* TOTAL **MUST** equal the total on Page 14, Q., Mobility/physically restrained.

Questions regarding physically restrained residents may be directed to Carey Fleischmann (608-267-7230).

G. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 1999

Of the total residents in your facility on December 31, 1999, how many have resided in your facility:

1. Less than 100 days? _____
2. 100 days to 180 days? _____
3. 181 days to 364 days? _____
4. 1 Year to less than 2 Years? _____
5. 2 Years to less than 3 Years? _____
6. 3 Years to less than 4 Years? _____
7. 4 Years or more? _____
8. **TOTAL (1+2+3+4+5+6+7)** *

* **TOTAL *MUST* equal the total on Page 11, line 4.**

H. SUBACUTE CARE

1. Does your facility have a specialized unit dedicated for residents receiving subacute care? ☐ 1. Yes ☐ 2. No
 - a. If yes, number of beds in unit? _____
 - b. On December 31, 1999, how many residents were in that unit and receiving subacute care?
 - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ☐ 1. Yes ☐ 2. No

I. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does your facility currently have an organized group of family members of residents? ☐ 1. Yes ☐ 2. No
 - a. If yes, is the organized group active? ☐ 1. Yes ☐ 2. No
 - b. If yes, how often does the council meet?:
(*check only one*)
 - ☐ 1. Once a week
 - ☐ 2. Once a month
 - ☐ 3. Once in three months
 - ☐ 4. Less than quarterly
 - ☐ 5. As often as needed
 - ☐ 6. Other (*specify*) _____

J. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 1999

For each level of care and payer, indicate the number of residents in your facility **ON DECEMBER 31, 1999**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE					TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Managed Care	
ISN						
SNF						
ICF-1						
ICF-2						
ICF-3						
ICF-4						
DD1A						
DD1B						
DD2						
DD3						
Traumatic Brain Injury						
Ventilator Dependent						
TOTAL		**				***

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** **TOTAL MUST** equal the total Medicaid Eligible, in the following table.

*** **TOTAL MUST** equal the total on Page 11, line 4.

Note: If residents are listed in any category, please provide corresponding rate on Page 5, #1.

K. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 1999

Of the total Medicaid residents in your facility on December 31, 1999, how many became eligible as Medicaid recipients:

1. at the time of admission?
2. within 1-30 days after admission?
3. within 31 days to 1 year after admission?
4. more than 1 year after admission?
5. unknown?
6. **TOTAL (1+2+3+4+5)**

Males	Females	TOTAL
		*

* **TOTAL MUST** equal the total Medicaid residents in the above table.

L. RESIDENT IMMUNIZATIONS

1. Of the residents in your facility on December 31, 1999, how many were immunized against influenza thus far this season (September - December 31, 1999), regardless of where the vaccine was received?
2. Of the residents in your facility on December 31, 1999, how many have ever received pneumococcal immunization, regardless of where the vaccine was received?

M. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in home on December 31, 1998:
(As reported on the 1998 survey, Page 11, Line 4.)
2. Admissions during the year from:
 - a. Private home/apt. with no home health services:
 - b. Private home/apt. with home health services:
 - c. Board and care/assisted living/group home:
 - d. Nursing home:
 - e. Acute care hospital:
 - f. Psychiatric hospital, MR/DD facility:
 - g. Rehabilitation hospital:
 - h. Other:
 - i. **Total Admissions** (sum of lines 2.a through 2.h):
3. Discharges during the year to:
 - a. Private home/apt. with no home health services:
 - b. Private home/apt. with home health services:
 - c. Board and care/assisted living/group home:
 - d. Nursing home:
 - e. Acute care hospital:
 - f. Psychiatric hospital, MR/DD facility:
 - g. Rehabilitation hospital:
 - h. Deceased:
 - i. Other:
 - j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i):
4. **Persons in home on December 31, 1999:**
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 1999 totals elsewhere on the survey.*

N. RESIDENT ADMISSION:

1. Level of Care and Primary Pay Source at Admission: Indicate the level of care and primary pay source **AT TIME OF ADMISSION** of all residents who were **ADMITTED DURING 1999**.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR					
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Managed Care	TOTAL
ISN						
SNF						
ICF-1						
ICF-2						
ICF-3						
ICF-4						
DD1A						
DD1B						
DD2						
DD3						
Traumatic Brain Injury						
Ventilator Dependent						
TOTAL						**

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** **TOTAL MUST** equal the **TOTAL ADMISSIONS** on Page 11, line 2.i.

If residents are listed in any category, please provide corresponding rate on Page 5, #1.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age: Indicate the level of care and age of residents **AT TIME OF ADMISSION** of all residents who were **ADMITTED DURING 1999**.

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR						
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							*

* **TOTAL MUST** equal the **TOTAL ADMISSIONS** on Page 11, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

O. AGE AND PRIMARY DISABLING DIAGNOSIS FOR ALL RESIDENTS ON DECEMBER 31, 1999

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in your facility.
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities:								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders:								
Alzheimer's Disease (331, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities:								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions:								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* Please specify the **“Other Developmental Disabilities”** on a separate sheet of paper, or at the bottom of this page.

** Please specify the **“Other Medical Conditions”** on a separate sheet of paper, or at the bottom of this page.

*** **TOTAL MUST** equal the total on Page 11, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 10. J, please note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 14, P.

P. AGE AND SEX OF RESIDENTS ON DECEMBER 31, 1999

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

* **TOTAL MUST** equal the total on Page 11, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 13.

Q. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 1999

Indicate the number of residents on December 31, 1999, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form HCFA 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

* **TOTAL MUST** equal the total on Page 11, line 4.

Bowel/Bladder Status	# of Residents	Special Care	# of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained	*	Receiving mechanically altered diets	
Skin Integrity		Medications	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		Other	
		With advance directives	

* **TOTAL MUST** equal the total on Page 8, #2.

R. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to Wis. Stats. 150.31.

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 1999. In the second column, report the number of residents admitted during 1999 and still residing in the nursing home on December 31, 1999. If the resident did not reside in Wisconsin, report the state of last private residence. The number of residents reported in the second column CANNOT exceed the number reported in the first column.

COUNTY	No. of residents on Dec. 31, 1999	No. admitted in 1999 and still a resident on Dec. 31	COUNTY	No. of residents on Dec. 31, 1999	No. admitted in 1999 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			LEGAL RESIDENCE OTHER THAN WISCONSIN:		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			TOTAL	*	**
Marquette			<i>* TOTAL MUST equal the total on Page 11, line 4. ** TOTAL MUST equal Page 9, line G1+G2+G3.</i>		
Menominee					
Milwaukee					

1. Of your residents on December 31, 1999, how many were placed under Chapter 51?
2. Of your residents on December 31, 1999, how many had a court-appointed guardian?
3. Of your adult residents on December 31, 1999, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)?
4. Of your residents on December 31, 1999, how many had an **activated** power of attorney for health care?
5. Of your residents on December 31, 1999, how many have ever received PASARR Level II Screenings?
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities?
7. Of the residents identified in question 5, how many were determined to need special services for mental illness?

I hereby certify that I have reviewed the information set forth in this document for its accuracy. The information reported in this document is true and correct.

Name of Administrator (*type or print*)

Signature of Administrator

Person responsible for completing this form
(*This is who will be contacted if further information is required.*)

Contact person's telephone number EXT:

Area Code/Telephone Number
(*This number will be published in the Nursing Home Directory.*)

Area Code/Fax Number

Email Address

Date Completed

If you are the contact person for *another* nursing home, please list the name and city of that facility below.

.....
.....

OFFICE USE ONLY			
COUNTY	<input type="text"/>	<input type="text"/>	<input type="text"/>
POPID	<input type="text"/>	<input type="text"/>	<input type="text"/>
BQADISTR			<input type="text"/>

1999 ANNUAL SURVEY OF NURSING HOMES
INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Report all data for a 12-month period, ending December 31, 1999, regardless of changes in admission, ownership licensure, etc.
2. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
3. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
4. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
5. If answers cannot be typed, print your answers legibly.

Definitions for Specific Sections

B. SERVICES SECTION

1. Services to non-residents: Check the box for each service provided by your facility to persons who are not residents of the facility.
 - a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
 - b,c Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
 - d. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
 - e. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
 - f,g Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
 - h. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

- i. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.
 - j. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.
 - l. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.
8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.

C. UTILIZATION SECTION

1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.
2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

D. RESIDENT SECTION

1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults requiring active treatment with and emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Bureau of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Bureau of Health Care Financing for payment of the special rate for ventilator dependency.

E. PERSONNEL SECTION

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, ***report hours for part-time staff only***, for the first full two-week pay period in December. If your facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.
4. Direct Care: Nursing and personal care provided by a Registered Nurse, a Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

Registered Nurse: a nurse who is licensed under s.441.06 or has a temporary permit under s.441.08. [s.50.01(5r), Stats.].

Licensed Practical Nurse: a nurse who is licensed under s.441.10 or has a temporary permit under s.441.10(e), [s.50.01(1w), Stats.].

Nurse Aide: a person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally certified homes, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

Other Direct Care Nurse Aide: a person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

H. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

I. FAMILY COUNCIL

- 1a. *Active* is defined as 'if the facility currently has an organized group of family members of residents, i.e., a group (s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

J. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 1999

See pages 2 & 3 of definitions for explanations of DD levels.

K. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 1999

Report the number of Medicaid residents, in your facility on December 31, 1999. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

M. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in home on December 31, 1998: Report residents on December 31st, 1998, (rather than January 1st, 1999), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 1998 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 1998 Annual Survey of Nursing Homes, Page 11, line 4.
2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home, (See LTC RAI User's Manual, Page 3-2). If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.
3. Discharges: Number of residents formally released from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home, (See LTC RAI User's Manual, Page 3-2). If an individual was formally released, more than once during the calendar year, count each occurrence as a separate discharge.

N. RESIDENT ADMISSION

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 1999. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.
2. Level of Care and Age: Report the number of residents who were admitted during 1999. Entries made here **MUST** be the resident's level of care and age at the time of admission.

O. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis of all residents in the facility on December 31, 1999. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

Grand Mal
Petit Mal
Psychomotor Epilepsy
Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior which are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

	ICD-9 331, 290.1-Alzheimer's Disease
<u>Organic/Psychotic</u>	ICD-9 290-Senile dementia (excluding 290.1) ICD-9 291-Alcoholic psychoses ICD-9 292-Drug psychoses ICD-9 293-Transient organic psychotic conditions ICD-9 294-Other organic psychotic conditions (chronic)
<u>Organic/</u> <u>Non-psychotic</u>	ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage
<u>Non-organic/</u> <u>Psychotic</u>	ICD-9 295-Schizophrenic disorders ICD-9 296-Affective psychoses ICD-9 297-Paranoid states ICD-9 298-Other non-organic psychoses
<u>Non-organic/</u> <u>Non-psychotic</u>	ICD-9 300-Neurotic disorders ICD-9 301-Personality disorders ICD-9 302-Sexual deviations and disorders ICD-9 306-Physiological malfunction arising from mental factors ICD-9 307-Special symptoms or syndromes, not elsewhere classified ICD-9 308-Acute reaction to stress ICD-9 309-Adjustment reaction ICD-9 311-Depressive disorder, not elsewhere classified ICD-9 312-Disturbance of conduct, not elsewhere classified ICD-9 313-Disturbance of emotions specific to childhood and adolescence ICD-9 314-Hyperkinetic syndrome of childhood ICD-9 316-Psychic factors associated with diseases classified elsewhere
<u>Other Mental</u> <u>Disorders</u>	ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics"; persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

- Q. Resident Census and Conditions of Residents: Report the number of residents on December 31, 1999, who have these conditions. Residents **MUST** be counted in each category that applies.
1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.
 2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.
 3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.
 4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (Wis. Stats., 155.02 (2)).

*If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055)
Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).*

Thank you for your cooperation.